CHEMIST& DRUGUST

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THE NEWSWEEKLY FOR PHARMACY

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9 November 1996

Scots settle for 3.13pc after three-year wait

PRS enlists industry to pay for counselling

Shelf-styled success: how to maximise sales

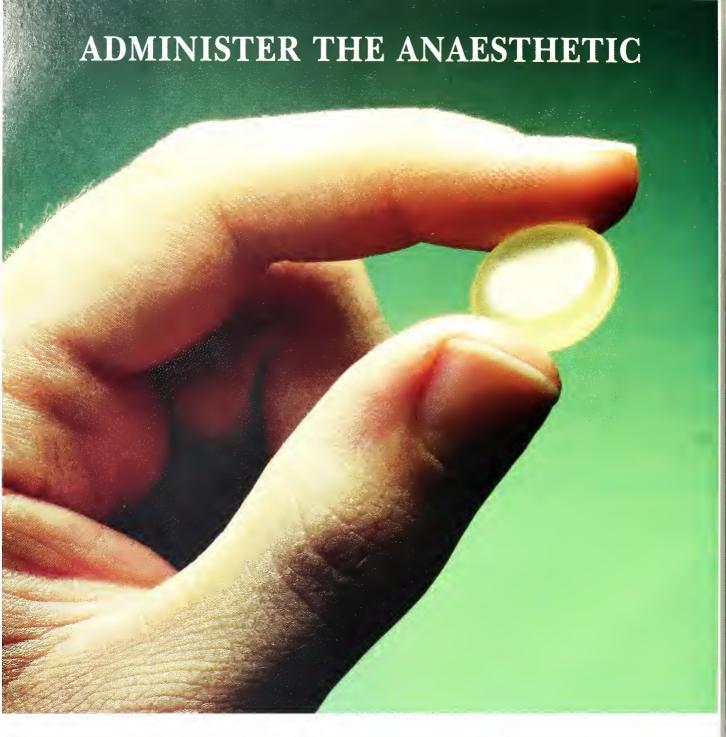
C&D seminar: taking the lid off migraine

Practice to People: reward for best practice

Moran plans to sharpen SB's competitive edge

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cholinesterase concentrations and taking anticholinesterases **Precautions**: If symptoms persist, consult your doctor. Not recommended for use in pregnancy and lactation except under medical supervison. Should be used with caution in patients with Myasthenia Gravis. **Dosage**: Adults & children over 12 years: one lozenge to be sucked every two hours as required. Do not take more than 8 lozenges in any 24hr period. Not suitable for children under

12 years of age. **Side effects**: Occasional hypersensitivity reactions and Methaemoglobinaemia. **Packaging quantities**: 24 lozenges in a carton [P]. **RSP**: £2.25 PL 0327/0063. **Licence**

holder and manufacturer: Crookes Healthcare Ltd, Nottingham NG2 3AA Prepared September 1996.

CROOKES HEALTHCARE

n industry manager recently observed: "Health authorities think they should be doing it, but are not sure what it means." He was talking about what has become a much-abused term – disease management. Now that the ABPI has given its support to the guidelines for providers drawn up by the NHS Executive, the race is on to gain a foothold. Some companies, such as Lilly Integra, are able to draw on US experience and have been making jargonladen presentations to hospital trusts and HAs for some months.

Others groups, and this includes pharmacists, have a grasp of the theory, but are struggling to find the finance and the support to put the theory into practice. There have been a number of indications of the kind of help that might be forthcoming in recent weeks. PRS, the computer company poised to instal its repeat prescription management system, has announced that a number of drug companies are to pay pharmacists who use the system when they counsel patients who are dispensed branded products. Glaxo Wellcome has launched an Asthma Care Programme (see p649). Eli Lilly has sponsored pharmacists on a PACT analysis course at Aston. All these initiatives build on pharmacists' skills, which make them even more useful to pharmaceutical companies which set themselves up as the 'integrators' or 'enablers' (see p662) of services provided to the NHS.

But for a revelation of what pharmacists can do for themselves, look no further than the three finalists in the *C&D* Glaxo Wellcome 'Practice to People' awards (p667). They show, in three different ways, how a pharmacist's skills can be applied, and the results they can achieve. Those wondering where the 'New Age' might take them if the forthcoming Primary Care Bill does not deliver viable solutions can take heart from these pioneers.

CHEMIST& DRUGGIST

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by Miller Freeman Professional Ltd Sovereign Way, Tobindings, Kent TN9 1RW Telephone: 01732 364422 Telex: 95132 MILFRE G Fax. 01732 361534 E-Mail: chemdrug@dotpharmacy.com

Internet site http://www.dotpharmacy.com/

Subscriptions: Home £115 per annum Overseas & Eire £165 per annum including postage £2.40 per copy (postage extra)

Circulation and subscription: Royal Sovereign House, Beresford Street, London SE18 6BQ. Tel. 0181 855 7777

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature.

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CHEMS & CHEMS

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Scots settle for 3.13pc increase

Pharmacists in Scotland have settled for a 3.13 per cent increase in the global sum for 1996-97, subject to urgent discussions on the mechanism by which remuneration for oxygen services and methadone dispensing will be transferred to local negotiations.

The deal ties up loose ends going back over three years from 1994-95 to 1996-97. The core sum available for community pharmaceutical services in Scotland for 1996-97 is \$74.12 million, but some short-term fee reductions are being made to avoid an overpayment which would otherwise happen by March.

Although the Scottish Pharmaceutical General Council argued that at this late stage in the linancial year it was impossible to balance the books, the Scottish Office was determined to avoid the overspend which would result if current fees and allowances were permitted to run. To achieve the required balance by March 31, the following will happen:

- the lower threshold for payment of the professional allowance will rise to 1,100 items per month and the upper threshold to 2,860 items per month from December I
- as part of the 1995-96 settlement, from April 1, 1996, there will no longer be separate payments for maintaining patient medication records, but keeping PMRs will be a requirement for the professional allowance. Transitional arrangements will apply for 1996-97 to contractors dispensing less than 1,000 items a month
- Controlled Drug fees will be abolished from December 1. Fees will not be paid for dispensing Schedule 3 CDs. All Schedule 2 CDs will attract a single \$1.75 fee for each dispensing. CDs not in Schedule 2 will attract the standard dispensing fee of 88p. This is because the massive growth in

methadone dispensing has put pressure on the global sum. The Scottish Office has credited the costs of additional storage for temazepam in CD cabinets

- the discount recovery base rate for 1996-97 will be 7.093 per cent, although the discount deduction scale will remain in force until the end of the fiscal year to avoid the overspend
- the oncost on stock orders (GP10A) will be reduced to 17.5 per cent from December 1. This is the first stage in the Scottish Office's intention to reduce oncost on stock orders to 5 per cent over the next three years
- the Scottish Office no longer considers that serial dispensing fees are an appropriate use of NHS resources. From December 1 to March 31, the second and subsequent serial dispensing of an item on any one prescription (except Schedule 2 CDs) will attract a fee of 22p. The Standing Committee believes that, under

current financial pressures, it is more appropriate for contractors to negotiate additional payments directly with the homes they supply, but will be discussing with the Scottish Office how a serial dispensing service can be provided to appropriate groups of patients.

The Scottish Office intends to recover \$450,000 for 1994-95 and 1995-96 and discussions are continuing on how this will be carried out. There will also be further discussions on the SCRIPTS project for computerised prescription pricing.

The Scottish Pharmaceutical Standing Committee believes the settlement is an acceptable conclusion to a complex and protracted set of negotiations.

Chairman Andrew Taylor told *C&D* this week: "We can now move forward with a clean sheet to challenging negotiations on the White Paper and Pharmacy in a New Age proposals."

Pharmacist walks free

A pharmacist has walked free from court after being acquitted of taking part in a \$1 million plot to supply temazepam. But a jury convicted four of his co-accused of conspiracy to supply the class C drug.

Pharmacist Satyandraprasad Patel, 45, was acquitted of the charge after the jury at Preston Crown Court believed Mr Patel's claim that he was convinced the temazepam he supplied to the accused was for legitimate export.

Mr Patel, owner of the Parhill Pharmacy in Maestag, South Wales, admitted supplying Black-pool hotel owner Mohammed Rashid and another businessman with at least 440,000 capsules of the drug. But he told the police on his arrest that he "did not wish to be party in any way to allowing drugs such as temazepam to be peddled on the streets".

He said he decided to try the import and export business in 1991, but by April, 1994, his only export had been a shipment of homoeopathic eyedrops to the Cameroon. In April, 1994, he was introduced to businessman Fatehali Esmail, who said he had a customer in the export business and asked if he could deliver 500,000 temazepam capsules.

It was only later he discovered the customer was Mohammed Rashid, he told the court.

Malone opens first 'Community Pharmacy'

Health minister Gerald Malone has opened the first of the pharmacies in Unichem's 'Community Pharmacy' initiative (*C&D* October 12).

The newly-refitted Lambourn Pharmacy in Lambourn, Berkshire, includes a patient counselling area funded by Berkshire Health Authority and an area set aside for health promotion.

Pharmacist proprietor Graham Jones invited Mr Malone to open the pharmacy after its recent refit. The minister spent over an hour at the pharmacy and met representatives from the HA, Unichem and the local pharmaceutical committee.

Mr Jones says that Mr Malone was quite unequivocal over funding in the light of the recent White Paper, emphasising that additional money would be made available for the extended roles for community pharmacists.



Pictured outside the Lambourn Pharmacy are, from left, proprietor Graham Jones, health minister Gerald Malone displaying some of Berkshire Health Authority's health promotion leaflets, and Unichem director of sales and marketing Martyn Ward

Formulas guide

Guidance about the nutritional assessment of infant formulas is given in the latest report from the Committee on the Medical Aspects of Food and Nutrition Policy (COMA) published last Tuesday. 'Guidelines on the nutritional assessment of infant formulas' covers all modifications to infant formulas and is available from HMSO at £7.

Correction

Sudafed Tablets 12s (Pip code 003-9370) was incorrectly priced in the weekly price supplement dated November 2. The correct price is £1.69 as listed in the Monthly Price List for November. We would like to apologise for any inconvenience caused.

UKPPG net site

The United Kingdom Psychiatric Pharmacists Group is on the Internet. Paul Hardy, joint editor of the 'UKPPG Bulletin', is coordinating the page. Its address is http://ourworld.compuserve.com/homepages/paulhardy/

OHE models

The Office of Health Economics has published a booklet, 'Uses of models in economic evaluations of medicines and other health technologies'. Details from the Office of Health Economics, 12 Whitehall, London SW1A 2DY. Tel: 0171 930 9203.



The NHS Act 1946, a forerunner to the birth of the NHS in July 1948, received royal assent 50 years ago this week. The NHS in its first year had a budget of £175 million. This week, health secretary Stephen Dorrell is thought to have secured £600m extra funding for the NHS in the next financial year, on top of the £34.2 billion already earmarked

Update question paper

In this week's issue is the questionnaire for Pharmacy Update modules carried during October

- Coughs & colds I (29)
- Inhaler devices (30)
- Chinese herbal medicine (31).

Pharmacy Update is a distance learning programme, accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply), or visiting the detpharmacy site on the Internet (http://www.dotpharmacy.com).

A telephone marking service is available for a fee of £12.50 (+VAT). A certificate is issued verifying the number of hours of continuing education achieved. **Pharmacy Update** is supported by **Johnson & Johnson MSD Consumer Pharmaceuticals**.

PRS signs up industry to pay for pharmacist advice

Pharmacists who use the Healthlink repeat prescription management system from Practice Resource Systems are to be paid by pharmaceutical companies for advising patients prescribed their branded medicines (*C&D* September 21 and 28).

Three companies have gone public over their tie-up with PRS. They are Bristol-Myers Squibb, Novo Nordisk and Sanofi. PRS managing director Gary Noon says he is in the final stages of settlement with a further eight others.

These companies will pay pharmacists a fee of between \$2-\$3 when they advise patients. The PRS network allows scripts for selected drugs on prescriptions to be 'tagged' with messages and prescribing advice which can be used to counsel patients when their scripts are dispensed.

PRS can monitor the number of times 'tagged' items are dispensed and provide a payment statement at the end of each month

The announcement means that pharmacists can offset the volume-related transaction charge they will be asked to pay to access repeat scripts directed their way by GPs. Medical practices are being provided with free computers and software to support their end of the system.

"There are products with compliance problems, especially in patients with long-term chronic conditions," say Mr Noon. "There is great value in involving pharmacists, and many provide this kind of information already. The difficulty is verifying this, especially in independents."

PRS presented its package to the Royal Pharmaceutical Society's Council last week. It is looking to provide a whole range of consulting services "which will more than cover the cost of the system"

Mr Noon also sought to allay concerns over the company's move to buy a pharmacy in Blakely, North Manchester. "We purchased this shop because only NHS contractors are permitted to receive data via Racal Healthlink. Healthlink is an essential component in the Healthplus system and we are therefore obliged to remain an NHS contractor."

The pharmacy, which has been relocated to an old Co-op building, will operate as a management support unit for surgery and dispensary systems in addition to operating as a normal local pharmacy. It will also manage the compliance prescription service.

"Our pharmacy will only subscribe to Healthplus when the doctor's surgery that it serves joins the system," promises Mr Noon

A mailing to doctors has produced an "overwhelming response", says Mr Noon. Systems will be installed from early January. Pharmacies will be mailed and advertising will appear in the pharmacy press when surgeries go ou-line.



Headaches were out of the question at the most recent *Chemist & Druggist* training seminar, held in conjunction with Pfizer Consumer Healthcare. Migraine was the topic on the agenda, with both the pathophysiology and social consequences of the condition highlighted. The event was chaired by Miller Freeman Pharmacy Group associate publisher John Skelton (rear right) and speakers (I-r) included Pfizer Consumer's managing director, David Merrington; Edinburgh community pharmacist Christine Glover; and Dr Anne MacGregor, a senior registrar at the City of London Migraine Clinic

GW helps manage asthma

Glaxo Wellcome has launched an Asthma Care Programme to help community pharmacists develop their role in managing asthma patients.

Fifty pharmacists across the UK have attended five half-day workshops on asthma, the devices used in treatment, patient compliance and counselling, and working with other primary healthcare professionals. Glaxo Wellcome sponsored the workshops and paid for the pharmacists' locums.

The company's account managers will help pharmacists collaborate with their local GPs in asthma management schemes. There will be no set formulas; the level of pharmacists' involvement will depend on local needs and whether or not the GPs are

already running asthma clinics. The intention is for pharmacists to complement the GP's role by advising on inhaler technique and referring patients who do not seem to be adequately controlled.

The scheme will run for 12 months initially to give the company an idea of what can be achieved by working closely with pharmacists and to assess how best to support those pharmacists whose influence led to better patient care. If successful, the scheme could be extended.

David Brown, Glaxo Wellcome's customer manager, says the company would be collecting information on how pharmacist interventions improved outcomes, although confidential data on the patients themselves would not be sought.

PSNI's assistant training deadline

The Pharmaceutical Society of Northern Ireland is reminding members that all medicine counter staff must have completed, or be enrolled on, an accredited training course by January 1.

The Society has, subject to formal confirmation, appointed the College of Pharmacy Practice as the accrediting body for counter assistant courses. Northern Ireland pharmacists were appraised

of the PSNI's professional requirement in a newsletter earlier this year, but the type of course was not specified. The position of experienced assistants has yet to be clarified.

This latest development brings Northern Ireland in line with Great Britain and supports the requirement that all pharmacies must have had OTC protocols in place since January.

Pharmacists requiring further

information should contact Derek Lawson on 01232 326927.

• A training course on how to develop medicines protocols, organised by the Northern Ireland CPPET, is currently touring towns in the Province. Over the next two months, the course will be held in Omagh, Bushmills and Iniskillen (November 12), Portadown and Belfast (November 19). For details contact Dr Colin Adair on 01232 335800.

Assistant training – look no further than Counterpart

Of all the assistant training courses accredited by the College of Pharmacy Practice, the *Chemist & Druggist* Cambridge Counterpart programme is the most costeffective for *C&D* subscribers.

The course consists of 13 training modules. Each is designed to be shared by four assistants and includes questionnaires and case studies for each individual, plus a briefing for the pharmacist tutor.

The complete course is available for just £17.63 (inc VAT) — remember this covers four assistants. An additional fee of £8.81 (inc VAT) per assistant is payable when the course is complete to cover CPP certification costs. To fully train four assistants using Counterpart will cost you only £23.75 (plus VAT) per person.

To enrol call Sue Cheeseman or Cynthia Anderson Doble at Chemist & Druggist on 01732 364422

Queen's University intake in question

Queen's University School of Pharmacy is seeking to maintain its current student intake level despite there being no additional funding for the four-year degree course.

Head of department Professor James McElnay is "reasonably optimistic" that the school will be able to keep the annual pharmacy intake at 65 students. However, numbers in other university departments may be affected. The alternative is to reduce the annual pharmacy intake by a quarter.

The Department of Education in

Northern Ireland is being lobbied to give additional funding. Professor McElnay thinks that the new 'Primary Care' documents will mean other Governmental departments may also be prepared to lobby the DoE over funding.

He anticipates significant problems if there is a reduced output when the fourth year comes into being in 1999-2000. "Any more cutbacks in manpower, through decreasing student numbers, will be detrimental to the profession," he says. As

yet, the manpower situation in Northern Ireland is "probably not quite as critical as in Great Britain, but it is becoming more and more acute".

A decision is expected in the next fortnight so that A-level requirements for next year's intake can be agreed. At present, A-level passes of one grade A and two grade Bs are required. Professor McElnay says that A-level standards will have to be raised if places are cut, "but there is not a lot of room for manoeuvre".

PSNI COUNCIL

Manpower survey for NI

The Pharmaceutical Society of Northern Ireland is attempting to obtain meaningful data to perform a manpower survey, the Council heard at its meeting on October 17. Initial observations would suggest that current levels of recruitment must be at least maintained in the short-term, with a strong indication that they should be raised in the future.

The Council was made aware of the funding problem faced by Queen's University (this page).

The president welcomed Brendan Kerr and Kate McClelland to their first Council meeting after their success in the recent election. He also paid tribute to Kathleen O'Rourke and John Crawford who had left Council after having served nearly 25 years each.

An application by Patricia McKeown, 2 Mullavat Road, Grinan, Newry, for registration under the reciprocal registration agreement which exists between the Royal Pharmaceutical Society of Great Britain and the Pharmaceutical Society of Northern Ireland was granted.

Election of officers for I997: Dorothy E J Graham was elected president for 1997, Dr Terry A Maguire was elected vice president and Dr Willie Woodside was elected treasurer.

Dr K H McClelland was nominated to serve as a member of the general purposes committee.

The annual prizegiving and distribution of certificates to newlyregistered pharmacists, held in the Culloden Hotel on October 16, was attended by 230 people.

The annual meeting of the Society was held on October 3 at the Society's House. Terry Hannawin expressed disappointment at the poor attendance of both Council members and members of the Society.



Dorothy Graham, having been awarded her president's badge of office on taking up her presidency at the October meeting of the PSNI Council, presents retiring president Terry Hannawin with his past presidents' badge

Nominations sought for PSNI fellows

Once a year, a panel appointed by the Council of the Society meets to consider any proposals for the awarding of fellowships to members.

A pharmacist wishing to nominate a colleague for fellowship needs the support of two other pharmacists. At least one of those making or supporting the nomination must already be a fellow of the Society.

In normal circumstances fellowships should be recommended only for pharmacists who have been on the Register for at least ten years and who meet the following criteria:

 pharmacists who have distinguished themselves in the science, practice or profession of pharmacy and have enhanced the good reputation, image or status of the profession to an exceptional degree

 pharmacists who have rendered outstanding service to the community.

Applications must be with the secretary of the Society not later than Monday, November 18.

PHARMACIST PEN PORTRAIT Mike Williams



- Qualified in 1986 after graduating from Aston University and completing his pre-reg at a Boots' branch situated in Acocks Green, Birmingham.
- Career Mike's first year was spent in Boots' Birmingham New Street branch followed by three years at its Tanworth outlet, a year at Bedworth and three at Coventry.

In 1992, he left the company to become a locum and audit facilitator for Solihull Health Authority, a position which he held until May this year. He now works as a full-time locum.

- Projects As an audit facilitator, Mike became involved in a research project on pharmacyinitiated interventions. He has also contributed to the guidelines that are currently being drawn up by the Royal Pharmaceutical Society on multidisciplinary clinical audits.
- Committees Currently the local pharmaceutical committee secretary for Solihulf and a committee member of Coventry and Warwickshire local branch; chairman of Staffordshire local branch, 1990-92; committee member of Young Pharmacists' Group, 1987-92, including the positions of membership secretary and treasurer.
- Outlook on life Mike lives by the words of wisdom on his coffee mig: "Remember to smile the whole day through. Make people wonder what you're up to."
- Pharmacy philosophy "Community pharmacy is the most under-used of the healthcare professions. It is about time that the whole profession started working together to develop a brighter future for community pharmacy."

Mike believes that 'Pharmacy in a New Age' is the first step in the right direction for the profession. "But if you only take the first step and stop, then you won't achieve anything."

Society must think again on training temps

I was amazed to learn that the Royal Pharmaceutical Society has rejected the suggestion by the National Pharmaceutical Association that some form of relaxation to the full accreditation training procedures for medicines counter assistants be allowed for temporary staff, such as Saturday employees and vacation students (*C&D* November, p628).

I have always employed this type of person and find them interested and quick to learn. However, I admit that I have not insisted that my present Saturday girl embarks on a full medicines assistants' training programme. When I tried this with her two predecessors, they soon left for less demanding employment for what is, after all, 'only a temporary Saturday job'. I now employ this young lady for the 'cosmetics counter' and therefore she does not 'regularly' sell medicines. But this is a subterfuge of evasion that should really be unnecessary.

I agree with protocols for the sale of medicines and appropriate training for all staff, but most small pharmacies have to be flexible to run efficiently. If the RPSGB tries to enforce the present training requirements, it runs the risk of being ignored by community pharmacists when those requirements are seen to be unworkable.

The original protocol and training requirements were a knee jerk reaction to adverse media publicity, but were accepted as necessary by most community pharmacists. However, they cannot be cast in tablets of stone and must evolve according to circumstances. The NPA has quite reasonably suggested that the problems of temporary staff could be overcome by a special provision within the protocol that recognises their limited knowledge.

The uncompromisingly negative response from the RPSGB is totally unreasonable and is one that the Society should immediately reconsider.

Topical Renections



Have a little sympathy for the PSNC

It is now November and I am still waiting for this year's pay settlement to be finalised. However, the Pharmaceutical Services Negotiating Committee has not just been concerned with percentage points but has also been arguing on my behalf against the devolution to local control of any new roles not accompanied by any increased resources to pay for them.

I constantly hear from the enlightened how new roles can and should be developed, but most of these initiatives only apply to a minority of situations. In my real world of community pharmacy, it is still the numbers game that pays the mortgage.

Here, I suspect, is the real explanation for the perennial problems which dog our remuneration negotiations, where it is the Government's desire to decrease in real terms the global sum, ringfenced and paid to community pharmacists, in favour of a pot of general health money that pharmacists have to bid for to receive their financial recompense.

Taken to its logical conclusion, this system of tendering for services will inevitably favour the strong. If substantial amounts of my NHS income were dependent on this system, I doubt I could survive as an individual. New Horizons are academically exciting, but at the sharp end of their introduction could be many community pharmacists suddenly deprived of their livelihoods.

I suspect that the visions of professional Utopia which are dangled tantalisingly from the pages of the professional press are ethereal images totally unattainable by the majority.

What most pharmacists require is a stable economic NHS base upon which to develop their professional role, and strong guidance as to how this should be achieved. So far, all we have been offered is a plethora of ideas without any direction to their introduction or how they are to be funded beyond the short term.

It is against this background of uncertainty that PSNC operates. The Committee has often been accused of self-interest, intransigence and lack of vision, but it has an unenviable but vital job. Its success in interpreting policy into practice determines my ability to continue offering an NHS pharmaceutical service.

Is it any wonder that superficially simple remuneration negotiations take so long to finalise?

SCRIPTspecials

Ailax Forte

Galen has introduced a strong co-danthramer suspension, Ailax Forte Suspension, containing 75mg of danthron and 1,000mg of poloxamer 188 in 5ml (300ml bottle, £30.12).

Galen Ltd. Tel: 01762 334974.

Human Mixtard 50

Human Mixtard 50 (100iu/ml) is now available in 10ml vials, an addition to the existing pen-fill and pen (basic NHS price, £9.42). Novo Nordisk Pharmaceuticals. Tel: 01293 613555.

Aurum launch

Generic morphine sulphate suppositories are now available from Aurum Pharmaceuticals in strengths of 10mg, 20mg and 30mg. The packs of 12 have a basic NHS price of £6.12, £7.45 and £9.60 respectively.

Aurum Pharmaceuticals Ltd. Tel: 01403 786781.

Migravess supply

Migravess and Migravess Forte are out of stock due to a quality control failure of the latest batch and difficulty in sourcing a new supplier for metoclopramide.

Bayer plc. Tel: 01635 563000.

Betnesol out of stock

There are supply problems with Betnesol N and Betnesol Ointment due to a manufacturing fault. All outstanding orders have been cancelled. The earliest date for availability is January 4. Evans Medical Ltd. Tel: 01372 364000.

All gone ...

Asta Medica has discontinued Endoxana 100mg (cyclophosphamide) injection. All supplies have now been exhausted.

Asta Medica. Tel: 01223 423434.

Pain control campaign

Janssen-Cilag has joined forces with the Cancer Relief Macmillan Fund and the Pain Society to produce two consumer booklets on pain control for patients with cancer: 'Get on top of your pain' and 'Keeping a pain control diary'. The company has also compiled an 'Audit of constipation management in palliative care'. The booklets can be obtained by sending an SAE to:

Cancer Pain Initiative, 5
Theobalds Road, London WC1X.

MSD launches Crixivan protease inhibitor

Merck Sharp & Dohme has launched Crixivan (indinavir sulphate), the latest in a series of protease inhibitors to be licensed in the UK

Indinavir has been shown to be as efficacious as the other protease inhibitors with similar resistance patterns and has been shown to have a good safety profile.

The cost of standard regimens is less than for other protease inhibitors licensed so far. Crixivan is available in two strengths: 200mg (360 capsules, basic NHS price \$266.74) and 400mg (180, \$266.74).

Indinavir is indicated for use in combination with antiretroviral nucleoside analogues for the treatment of HIV-1 infected adults with advanced or progressive immunodeficiency.

Studies of combination therapy with zidovudine, zidovudine/didanosine and zidovudine/lamivudine have all demonstrated a reduction in serum viral load and an increase in CD4 cell counts.

The recommended dose of indinavir capsules is 800mg every eight hours, to be taken with water one hour before or

two hours after a meal, or with a low-fat, light meal. It is recommended that patients drink at least 1.5 litres of liquids over 24 hours to avoid dehydration.

The dose should be reduced to 600mg every eight hours if administered concurrently with ketoconazole, or if administered to patients with mild to moderate hepatic insufficiency.

With rifabutin, the dose of indinavir should be cut by half. Coadministration with rifampicin is not recommended.

Merck Sharp & Dohme Ltd. Tel: 01992 467272.

Calcort drops named-patient restriction

Hoechst Marion Roussel has launched Calcort (deflazacort 6mg), a glucocorticosteroid which was previously available on a named-patient basis only.

Calcort (60 tablets, basic NHS price \$20.57) is indicated for a range of conditions requiring treatment with glucocorticosteroids. The average potency ratio of deflazacort to prednisone is 0.69-0.89. This means

6mg of deflazacort has the same anti-inflammatory potency as 5mg prednisone or prednisolone.

The dose varies according to the disease being treated. In acute disorders, an initial dose of up to 120mg/day should be given. The maintenance dose in most conditions should be within the limits of 3-18mg/day.

In acute bronchial asthma, high doses of 48-72mg/day

should be given, according to the severity, and the dose should be gradually reduced once the attack is controlled.

No special precautions are needed in the elderly and renal impairment. Drug monitoring is needed in hepatic impairment. In children, alternate day administration may be appropriate.

Hoechst Marion Roussel Ltd. Tel: 01895 834343.

MEDICAL MATTERS

Steroid:bronchodilator ratio no indicator of successful prescribing

The ratio of corticosteroid to bronchodilator is not a true measure of successful asthma prescribing in general practice, according to a study in the British Medical Journal.

The authors recruited 11 family health services authorities in the West Midlands region and 99 general practices in North Staffordshire to establish a link between GP asthma prescribing, hospital admissions data and deprivation.

They found no significant correlation between admission rates and the treatment ratios for FHSAs or general practices. However, in deprived areas, an inverse non-significant correlation existed; in affluent areas, a positive non-significant correlation was seen.

The authors conclude that correlations between corticosteroid:bronchodilator ratios and hospital admissions should take into account other confounding factors, such as depravity and its association with severity of asthma, and prevalence of chronic obstructive pulmonary disease. Individual prescribing data linked to more accurate measures of asthma morbidity and diagnosis is needed.

Docetaxel extends survival in advanced breast cancer

Docetaxel prolongs survival in patients with advanced breast cancer by 12 months, according to principal triallist Dr Robert Leonard of the Western General NHS Trust in Edinburgh.

The study recruited women who had advanced/metastatic disease, and who had relapsed or shown disease progression following treatment with other chemotherapeutic, hormonal or radiotherapeutic regimes.

The results showed that 45.6 per cent of patients treated with docetaxel responded to treatment (5.4 per cent complete response, 40.2 per cent partial response). The median survival time was 390 days.

CHEMIST & DRUGGIST 9 NOVEMBER 1996

RUNNY NOSE? TICKLY COUGH? SHIVERS, ACHES & PAINS? SORE THROAT? Nurse it better

No other formulation is better for relieving ALL cold and flu symptoms

- Day Nurse for effective NON-DROWSY cold and flu relief
- Night Nurse for effective cold and flu relief and a restful sleep



Contains: Paracetamol, Dextromethorphan, Phenylpropanolamine

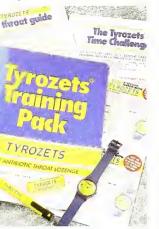
Contains: Paracetamol, Dextromethorphan, Promethazine

Day Nurse: Day Nurse Capsules Product Information: Presentation: Day Nurse: Clear orange-red liquid containing per 20 ml Paracetamol Ph Eur 1000 mg, Phenylpropanolamine Hydrochloride Ph Eur 25 mg, Dextromethorphan Hydrobromide Ph Eur 15 mg. Day Nurse Capsules: Capsule with opaque yellow body and opaque orange cap containing Paracetamol Ph Eur 500 mg, Phenylpropanolamine Hydrochloride Ph Eur 12.5 mg, Dextromethorphan Hydrohromide Ph Eur 7.5 mg. Uses: Short term relief of the symptoms of colds and influenza. Dosage and Administration: Adults and children 12 years and over: Day Nurse: 20 ml every 4 hours as necessary up to 4 doses in 24 hours. Day Nurse Capsules: 2 capsules every 4 hours as necessary up to 8 capsules in 24 hours. Children 6 to under 12: Day Nurse: 10 ml every four hours as necessary up to 4 doses in 24 hours. Day Nurse Capsules: 1 capsule every 4 hours as necessary up to 4 capsules in 24 hours. Children under 6 years: On medical advice only. Contraindications: Known hypersensitivity to ingredients, hepatic or renal impairment, hypertension, hyperthyroidism, diabetes and heart disease. Patients taking tricyclic antidepressants or beta-blockers. Patients taking, or within two weeks of having taken, MAOIs. Precautions: Patients with asthma or other respiratory disorders, or glaucoma should consult a doctor first. Avoid use with alcohol, other cold medications or decongestant- or paracetamol-containing preparations. Caution required in patients taking warfarin and other coumarins, domperidone, metoclopramide and chlolestyramine. Avoid in pregnancy and lactation unless advised by a doctor. Side Effects: Usually well-tolerated in normal use. Occasional reports of skin rash and other allergies, headache, dizziness, nausea, vomiting, diarrhoea, insomnia, irritability, high blood pressure and palpitations. Legal Category: P. Product Licence Number: Day Nurse: Pt. 0079/0185. Day Nurse Capsules: Pt. 0079/0204. Product licence holder: SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. Presentation and RSP: Day Nurse: 160 ml £3.99; Day Nurse capsules 20s, £3.65. Date of last revision: October 1996. Day Nurse is a trade mark Night Nurse/Night Nurse Capsules Product Information: Presentation: Night Nurse: Clear green liquid containing per 20 ml Paracetamol Ph Eur 1000 mg, Promethazine Hydrochloride Ph Eur 20 mg Dextromethorphan Hydrobromide Ph Eur 15 mg. Night Nurse Capsules: Capsules with opaque white body and opaque bright green cap containing Paracelamol Ph Eur 500 mg. Promethazine Hydrochloride Ph Eur 10 mg, Dextromethorphan Hydrobromide Ph Eur 7.5 mg. Uses: Night time reliet of the symptoms of colds, chills and influenza. Dosage and Administration: Just before going to bed. Adults and children 12 years and over: 20 ml or 2 capsules. Children 6 to under 12: 10 ml or 1 capsule. Children under 6 years: On medical advice only. Contraindications: known hypersensitivity to ingredients, hepatic or renal impairment. Precautions: Avoid use with other cold medications or decongestant- or paracetamol-containing preparations. Patients with asthma or other respiratory disorders, epilepsy, glaucoma, urinary retention, prostatic hypertrophy, hepatic impairment or cardiovascular problems should consult a doctor first. May cause drowsiness. If affected, do not drive or operate machinery. Avoid alcoholic drink. Caution required in patients taking warfarin and other coumarins, tricyclic antidepressants, MAOIs, hypnotics, anxiolytics, antimuscarinics, domperidone, metoclopramide and cholestyramine. May interfere with immunologic urine pregnancy tests to produce false results. Avoid in pregnancy and lactation unless advised by a doctor. Side Effects: Usually well-tolerated in normal use. Occasional skin rash and other allergies, drowsiness, psychomotor impairment, antimuscarinic effects- (urinary retention, dry mouth, blurred vision), disorientation, restlessness, gastrointestinal disturbances, photosensitivity reactions and dizziness. Legal Category: P. Product Licence Number: Night Nurse: PL 0079/0187. Night Nurse Capsules: PL 0079/0220. Product licence holder: Smithkline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. Presentation and RSP: Night Nurse: 160 ml £3.99; Night Nurse capsules 10s, £2.69. Date of last revision: October 1996. Night Nurse is a trade mark

UNTERpoints

Tyrozets targets pharmacy assistants

assistants with a new training initiative that provides a better under-



standing of the numbing action of Tyrozets.

It is giving away training packs containing a 'Tyrozets Sore Throat Guide' to help answer questions regarding sore throats and their treatment, and a scratch card competition with watches as prizes. Free stockroom scalpels are also included.

The packs are available from the company's territory managers or from Enterprise House, Station Road, Loudwater, High Wycombe, Bucks. Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.

Fizzy remedies from Vantage

Vantage has launched two new OTC medicinal lines in line with its policy of developing pharmacy core value products.

Vantage Paracetamol **Antacid Seltzer Tablets** contain paracetamol 500mg and sodium bicarbonate 1,342mg (24, £1.79). They are indicated for the relief of headache plus upset stomach. They also work to relieve migraine. rheumatic aches and pains, toothache, period pain, sore throats, fever,



and aches and pains from colds and flu. Vantage Co-codamol

Effervescent Tablets. containing paracetamol 500mg and codeine phosphate 8mg (24, \$2.99), are indicated for the relief of headache. migraine, toothache, rheumatics and period pains, as well as for the aches and pains related to colds and flu.

The new Vantage effervescent range is discounted by 17.5 per cent between November 11 and December 31 via a special order form. **AAH Pharmaceuticals**

Ltd. Tel: 01928 717070.

Pain relief goes from hot to cold with Therabeads

Therabeads is a new pain relief pack from Coloplast, which works by generating moist heat or dry cold.

Therabeads (rrp \$24) consists of non-toxic hygroscopic alumina in a 23 x 33cm fabric pack, generating moist heat

when heated in the microwave for two minutes. Alternately, it can be left in the freezer if dry cold treatment is preferred.

The pack, which fits around the contours of the body, can be used to relieve joint stiffness,

muscular aches and pains or sprains, and swellings.

The hygroscopic technology ensures the beads do not heat above 450°C, eliminating any risk of burning Coloplast Ltd. Tel: 01733 392000.

Family seasonal survival guides

Family Doctor Publications has launched a special Christmas counter pack.

lt contains ten books each of two new titles. 'A Survivor's Guide to Alcohol' and 'A Survivor's Guide to Christmas', displayed in a counter

unit with a seasonal header card.

The pack carries a trade price of \$30 and sales value of \$49.80, giving a profit margin of 40 per cent. **Family Doctor**

Publications. Tel: 0181 780 5020.

ON TV NEXT WEEK

Belle Color: All areas

Beechams Powders: All areas except U

Benylin Four Flu Hot Drink: All areas except CTV, GMTV, GTV, HTV, STV

Day & Night Nurse: All areas except U

Ibuleve: G, B, Y, TT, C

Macleans New Total Toothpaste: All areas

Nurofen Cold & Flu: All areas

Oil of Ulay: All areas

Otex: C

Pantene: All areas except GMTV

Regaine: G, C, A, M, CAR

Senokot: U, B, G, Y, C, LWT, CAR, TT

Solpaflex: All areas except U

Strepsils Dual Action: All areas

Synergie: All areas

The Wrigley Company/Sugar Free Brands: All areas

Tunes: All areas

Wash & Go: All areas

GTV Grampian, B Border, BSkyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

Tunes goes off to war with new star Darth Vader

Darth Vader, the legendary 'Star Wars' film character, will be promoting Tunes lozenges in a new TV advertising campaign.

The 30-second execution uses Vader's heavy breathing to tie in with the brand in a humourous way. The ad goes on to promote the recent launch of newstyle packaging, and fruitier blackcurrant and orange-flavoured Tunes.

The £2 million advertising campaign will run for six weeks on ITV, Channel 4, Sky, VH-1, Granada Sky and Carlton Cable.

Mars Ltd. Tel: 01753 550055.

Television brings Strepsils Dual Action into focus

Crookes Healthcare is backing Strepsils this winter with a \$2.5 million television advertising campaign, which focuses on Strepsils Dual Action.

The 30-second advertisement is intended to provide a 'halo' effect for the rest of the range, but uses Strepsils Dual Action as the featured product. It highlights its position as a Pharmacy only product, and uses the slogan, 'Only from your pharmacist'.

The campaign will be shown nationally on ITV,

Channel 4, GMTV and satellite at peak viewing times from November 11 until February. The heavyweight spend will mean 90 per cent of sore

throat sufferers will see the advertisement an average of five times each.

Crookes Healthcare Ltd. Tel: 0115 9539922.



An unmistakable result in just one minute!

CLEARER

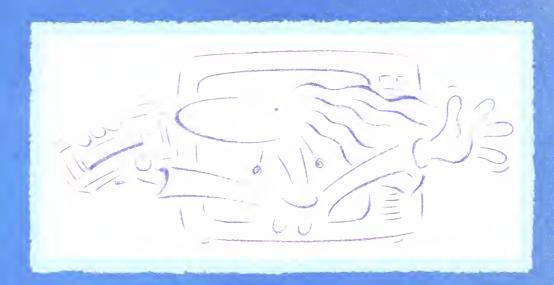
Sharper, blue lines give a clear 'Yes' or 'No'

EASIER

Newly designed test stick that's easier to read and use

ACCURATE

More than 99% accurate in clinical trials



...AND SOON ON TV!

Meet Molly, our newest recruit. She'll be telling millions of your customers about New Clearblue, Molly will be starring in a brand new TV commercial as well as in leading women's magazines. In fact, Molly will be playing a leading role in the biggest support programme ever seen for a home pregnancy test.



NEW CLEARBLUE - A STAR IS BORN

In from the cold

Seven Seas Health Care has launched Oue-A-Day Plus Cod Liver Oil and Vitamin C (30 capsules, \$2.99) in time for the cold and flu season.

The product combines cod liver oil (500mg) and vitamin C (250mg), which, the company says, will help ward off cold and flu symptoms.

Seven Seas is backing the launch with a \$4 million support package this winter.

A major TV and press advertising campaign will run through the period, backed by PR



activity. TV coverage will appear on Channel 4 and ITV. Press advertising will run in women's magazines and daily national newspapers. Seven Seas Health Care Ltd.

Tel: 01482 375234.

Cariad gift-wraps Christmas ideas

R B Enterprises has a host of festive gift ideas for Cariad, its range of aromatherapy products.

- Two Vaporiser gift sets, comprising a vaporiser, one pure essential oil and two candles (\$11.99), or a vaporiser, two pure essential oils and four candles (\$17.99).
- A Light Bulb Ring set combining a blend of orange and cinnamon essential oils (prices start at \$6.99).
- A Mini Blend threepack with Christmas Spirit, Frankincense and

Myrrh, and Winter Warmer pure essential oils in a carrier oil for bath and massage (\$5.99)

- A Cariad travel bag, combining a original shaving oil and razor for him or her (\$8.50).
- Cariad's Aromatherapy Starter Kit a blend of three essential oils, a carrier oil and blending bottles, with easy to understand literature on essential oils and their uses (prices start at \$14.85).

 R B Enterprises.
 Tel: 0181 241 9275.

Unichem extends own-brand range

Unichem has extended its own-brand range with the introduction of four new products.

- Creme Bath (one litre) has been repackaged in a new bottle. It is available in four new fragrances – rose petal, water lily, magnolia and peach mist (£1.35).
- Foam Bath (one litre) has been introduced to complement the Creme Bath, and comes in two fragrances – ocean spray and rain forest (£1.09).
- Own-brand Sweetener is saccharin-free and contains Nutrasweet.
 Each pack dispenses one tablet at a time and contains 300 tablets (£2.35).
- Own-brand Health Salts are recommended for ailments such as a upset stomach, heartburn, indigestion, biliousness and constipation. The active ingredient is sodium bicarbonate (£1.75).
 Unichem plc.
 Tel: 0181 391 2323.

Shape up with Fat Attract from Dynamic Nutrition

Fat Attract, a new supplement from Dynamic Nutrition, claims to aid weight loss by working on food while it is still in the digestive system, before the body can convert it into extra pounds.

Each 500mg capsule contains chitosan, a glucosamine/fibre complex, which works to absorb up to 12 times its



own weight in undigested fats (3-6g).

The company claims the product will not affect the body's metabolism, and is ideal for people already on a diet, or planning to go

Two to four capsules taken twice a day, 15 minutes before main meals is recommended. Fat Attract is available in 60-

and 120-capsule packs, priced at \$20 and \$30 respectively.

Dynamic Nutrition Ltd. Tel: 01628 418150.

Bathing belles make a splash over Sandalwood

International Classic Brands is adding a fourth fragrance to its range of Morny bath products from December.

Sandalwood will be available in the following Morny products:
Perfumed Fine English Soap, Luxury Bath and Shower Gel, Moisturising Perfumed Body Lotion and Luxury Body Powder. Packaging reflects the current Morny range,

while illustrations of Sandalwood identify the product.

Special individual prepacks of each Morny fragrance, including Sandalwood, are available to retailers up until Christmas. Each prepack contains: 18 75g x three Perfumed Fine English Soaps (\$3.25); six 200ml Luxury Bath & Shower Gels (\$2.75); six 200ml Moisturising

Perfumed Body Lotions (\$2.75); and six 100mg Luxury Body Powders (\$2.75).

A merchandiser display unit is available to stockists. As an added bonus, independents ordering all four fragrances are entitled to a 10 per cent discount. International Classic Brands (Worth Fragrances Ltd).
Tel: 0181 579 6060.

Fuji sets its sights on Christmas shoppers

Fujifilm is aiming to reach a record number of consumers this winter with a £2.5 million advertising campaign running until Christmas. It includes:

 a £1.5 million national press campaign in support of its Fuji APS film and camera range during November and December;

 a new TV commercial featuring Ryan Giggs.
 Ryan will promote the company's 'Sporting Dream' film promotion from December 11 until Christmas: • a six sheet poster campaign promoting Fujicolour QuickSnap single use cameras will run nationally in shopping, and residential areas, as well as on the London Underground. Fuji Photo Film (UK) Ltd. Tel: 0171 586 5900.

Fishy story

Healthilife's DHA Rich Pure Fish Oil capsules are 100 per cent pure tuna oil, with no synthetic concentrates.

The capsules (30, \$3.49) contain 1,000mg of DHA Rich Pure Fish Oil, which includes docosahexaenoic acid (DHA) 236mg and eicosapentaenoic acid (EPA) 62mg. DHA is recognised for its usefulness in foetal growth and development, plus the maintenance of healthy eyes and brain functions.

POS material is available to promote the product in-store.

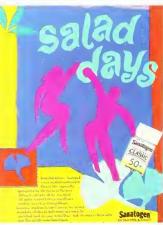
Healthilife Ltd.
Tel: 01274 595021.

Targeting the young at heart

Roche is backing Sanatogen Classic 50+, its multivitamin and mineral supplement for the over-50s, with a \$500,000 advertising campaign.

It is targeted at key consumers, such as women and gardeners. Media coverage will continue until January, with advertorials in women's interest and gardening magazines titles.

Radio advertising on Classic FM will run throughout November and include an on-air prize competition. Roche Consumer Health. Tel: 01707 366000.



POLITENOTICE

For prescriptions written as diclofenac EC, MR 75mg Caps or diclofenac DR 75mg Caps.

You are obliged to dispense:



Please note:

Motifene 75mg may also be dispensed against diclofenac 75mg mr, Caps.

used with caution in the elderly. Contra-indications: A

known sensitivity to diclofenac, active or suspected

peptic ulcer or gastro-intestinal bleeding, asthmatics in whom attacks of asthma, urticaria or acute rhinitis are

precipitated by other non-steroidal anti-inflammatory

drugs including aspirin **Precautions**: Patients with a history of gastro-intestinal disease, severe hepatic, cardiac or renal insufficiency (including the elderly)

should be monitored closely during treatment. Patients

with a bleeding diathesis or other haematological abnormality. Pregnancy and Lactation. Co-administration with lithium, digoxin, methotrexate, oral-hypoglycaemic drugs, oral anticoagulants, potassium sparing diuretics, other non-steroidal anti-inflammatory drugs, cyclosporin. Side-effects:



Motifene 75mg Abbreviated Prescribing Information. Presentation: Blue-capped, colourless capsules containing 75mg of diclofenac sodium in a dual-release, pelletised formulation. 25mg of diclofenac sodium is presented as enteric-coated pellets, the remaining 50mg as sustained-release pellets. Indications: Rheumatoid arthritis, osteoarthritis, low back pain, acute musculo-skeletal disorders (e.g. periarthritis, tendinitis, tenosynovitis, bursitis, sprains, strains, dislocations), relief of pain in fractures, ankylosing spondylitis, acute gout, control of pain and inflammation in orthopaedic, dental and other minor surgery. Not suitable for use in children. Dosage: One capsule once or twice a day, preferably just before a meal. Non-steroidal anti-inflammatory drugs should be









Occasionally reported: nausea, vomiting, diarrhoea, epigastric pain, headache, dizziness, vertigo, rashes or skin eruptions. Rarely reported: gastro-intestinal bleeding, peptic ulceration, drowsiness, tiredness, urticaria, liver function disorders, oedema, hypersensitivity reactions. Legal category: POM. Pack details: Motifene 75mg capsules (PL 8265/0003), basic NHS price £14.99 per blister pack of 56 capsules. Full prescribing information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham, HP7 9LP.

Date of Preparation: March 1996

M75F9602

Reach brushes up on the kids

Johnson & Johnson has launched Reach Powerbrush (\$5.99), a new battery-operated toothbrush designed for children.

It has been developed to meet parents' requests for a children's toothbrush that offers effective cleaning, while encouraging the brushing of teeth for longer.

It makes 7,000 microvibrations per minute to disperse plaque and

massage gums.

A television advertising campaign will support the launch until mid-December, A 20second commercial will run during the breakfast period on GMTV, the 'Big Breakfast' and selected satellite channels. Johnson & Johnson Ltd.



A completely new wrinkle on an age-old problem

Tel: 01628

Dream Nails and Beauty has launched Wrinkle Miracle Beauty Pads (§19.95 for a box of four applications and rejuvenating cream).

The range consists of four ready to use treatments for the eyes, lips, neck and face. Each pad is made from pure cotton surgical gauze impregnated with vaseline, wax, wheat germ oil, mallow, jojoba oil, fenugreek, ginseng and camomile.

Wrinkle Miracle Beauty Pads are designed to help rehydrate, and increase the blood flow and circulation to the skin.

The company claims the pads help to impart heightened colour, renew skin tone and texture, and reduce the appearance of fine lines and wrinkles on the face. **Dream Nails and** Beauty.



Sensodyne aims to educate consumers

Stafford-Miller is backing Sensodyne with a consumer advertising campaign in November.

It is designed to educate consumers on how and why teeth become sensitive, and what measures can be taken to avoid and overcome sensitivity. It also places a special emphasis on expectant mothers, as pregnancy is often a time when many women suffer from sensitive teeth due to hormonal changes and increased appetite.

Media coverage is appearing in November issues of New Woman, Essentials and She, plus parenting magazines. Stafford-Miller Ltd. Tel: 01707 331001.

Syence makes more skin sense

Fernsoft has launched Svence, its new skin care range designed to work on every skin type, regardless of age or condition.

Syence Skin Care is a four-step beauty programme. It uses water instead of oil to moisturise and cleanse the skin, and is formulated to help moisturise beneath the skin surface and unclog pores. Products are both allergy-free and

non-comedogenic.

The four-step programme comprises: Immaculate Cleansing Solution (250ml, \$10.50); Ultra Gentle Normalising Lotion (250ml, \$12); Proteolytic Moisture Complex (50ml, \$16.50 and 100ml, \$29.50); Super Hydrating Emulsion (30ml, \$21.50 and 50ml, \$31.50); and Hydra Mist (250ml, \$4.50). Fernsoft Ltd (UK).

Tel: 0171 243 1234.

Natural beauty collection revealed

Chancellor is extending its Natural Sea Beauty Collection with two new Pharmacy only products.

Natural Sea Beauty Mud Mask is formulated to absorb oily secretions, purify the skin and improve skin tone (18ml, £0.95).

Natural Sea Beauty

Peeling Mask works to lift away dead layers of skin to leave it soft and supple (18ml, £0.95).

The Mud Mask and Peeling Mask come in separate counter-top display boxes of 12, with a trade price of £6.48. Chancellor Group Ltd. Tel: 01978 661351.

Head start from Thursday Plantation



Health Imports is extending its tea tree oil range with three new products.

Thursday Plantation Tea Tree Deep Cleansing Shampoo (200ml, £1.75), Anti-Dandruff Shampoo (200ml, £1.75) and Conditioner (200ml, £3.95) contain tea tree oil, which, says the company,

cleanses the scalp of bacterial and fungal infection, helps to disperse dead skin cells, and adds health and lustre to all hair types.

Tea tree oil is also recommended as a treatment for dandruff. Health Imports Ltd. Tel: 01274 487662.

Christy foot care treats to make your toes tingle

Network Management's Christy Feet Treats sachets are a new way to pamper sore, aching feet.

They are formulated to relieve minor foot problems, such as dry skin, and can be used either as specific treatments or as part of a regular foot care regime.

There are four sachets in the range (\$0.95 each), all lightly fragranced with pink grapefruit and natural ingredients:

 Christy Revitalising Foot Scrub, containing fine grains of pumice, horse chestnut extracts and evening primrose oil

Christy Revitalising

Foot Soak, with a blend of arnica and raspberry extracts.

 Christy Soothing Massage Cream, with active ingredients of honeysuckle and mandarin.

 Christy Conditioning Foot Cream, containing coconut and passion flower.

A PR campaign in the national press and women's magazines will support the launch.

During November, Network Management is offering independent pharmacies the opportunity to buy 12 sachets of each treatment for the price of ten. Anyone taking up this special offer will receive a Feet Treats display tray. Network Management. Tel: 01252 351118.



Shelf-styled success

The annual dilemma is with us again – how to maximise sales and profit from the vast array of OTC cough, cold and flu treatments which are on offer to the pharmacy. The answer lies in taking a leaf out of the multiples' book, says Mike Higgins, key account executive at Warner-Lambert Consumer Healthcare

he term 'category management' may sound like something best left in a business studies text book, but it actually describes a range of simple and effective techniques for maximising sales, primarily through the effective use of display, shelf space and stock control.

With increasing competition from supermarkets, which already practise this technique, it is something independent pharmacies ignore at their peril. But how should pharmacists go about implementing the concept in their business? First, let's deal with a few misconceptions.

• 'Category management is complex and time-consuming.' It need not be. Indeed, it is likely to saye time in terms of stock man-



agement and you will have the support of manufacturers' sales forces to help put an appropriate shelf scheme in place.

• 'I need to provide a full range of products to meet all my customers' needs.' Many pharmacists feel it their duty to display the fullest possible range to meet minority needs and so differentiate themselves from grocery outlets. This benefits neither the customer nor the profits.

There is a bewildering array of packs to choose from; there are more than 70 branded pack sizes in the cough category, more than 50 in decongestants and around 40 in cold/flu remedies. When you add generics and own-label to this, the potential for stocking an unnecessarily high number of packs becomes all too clear.

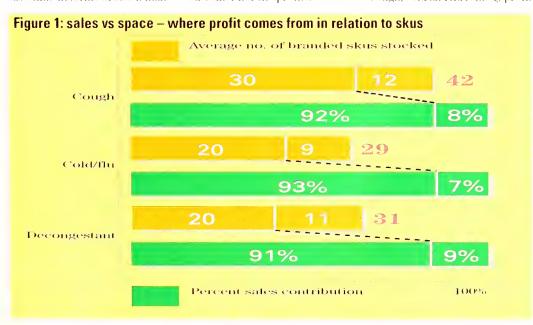
However, a select few packs can deliver the vast majority of cough, cold and flu remedy profit for the pharmacy (see Figure 1).

From a choice of 78 possible packs, the average pharmacy stocks 42 branded cough remedy skus during the cough/cold season. If we take these 42 packs as representing 100 per cent of the sales value, an analysis of Nielsen data for the key period January/February, 1996, reveals that 92 per cent of revenue is drawn from the top 30 skus on this list, with the next 12 delivering the final 8 per cent of value.

Rationalising the shelves, therefore, makes good sense all round, but particularly for cash flow. You can still take account of minority requirements for your regular customers, without tying up valuable shelf space, by keeping a few bottles of their preferred remedy to hand in the stock drawer.

When you start the rationalisation process, remember customers tend to look for brands first, then formats, then flavours, then pack size. So, before delisting a pack, be sure you can offer a suitable substitute.

 'The concept is too general – it won't address my particular needs.' Category management is precisely about meeting specific consumer and business needs.



Continued on P661

659

CHEMIST & DRUGGIST 9 NOVEMBER 1996

Not so wee any more

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A URATI
SIMOLI



The easy peesy pregnancy test

Twenty five years

on, Predictor continues to grow the pregnancy test market — a market—it created. Through constant innovation it has progressed both technology and customer convenience.

Predictor's promotional spend

also continues to drive the sector, growing pharmacy sales year on year, as well as the market. And as the only pregnancy test to consistently advertise on TV, Predictor's commitment to the market is total.

Easily the best

in terms of its profit potential. Predictor is now a cornerstone pharmacy brand in the prime of its life — a role it was born to play.

25 years

Chelaro is the OTC Healthcare business unit of Phizo Nobel. In serving over 25 countries worldwide. Chelaro are the marketing and distribution repeats in self-medication and diagnostics.



◀ Continued from P659

and not merely about setting up standard shelf schemes. Clearly a facings scheme which may be appropriate for a pharmacy with a high proportion of young mothers as customers will be totally inappropriate for a retirement town where the population is mostly 50-plus. However, the principles of effective category management remain the same.

llaving laid to rest some of those old myths, here is a fourpoint plan to better category management. A correctly-

1 Stock the right brands

Allocate space by profit potential, with an adjustment for seasonality. Then, within the categories, allocate the space by the following criteria.

The brand leaders Past Nielsen instore studies have shown that allocat-

ing shelf space to cough brands by brand share ranking results in an average uplift in category profits of some 14 per cent.

'Beacon brands' Those brands which are generally synonymous with treatment areas, eg Benylin in cough. These can act as a gentle reminder to the customer that it may be time to replenish their home supply if it is running low. Wherever possible, keep these brands at eye level and, during the appropriate season, in a prominent counter position.

Pharmacy-loyal brands To ensure customers return to the pharmacy for repeat purchase and don't switch to the supermarket, encourage sales of brands only distributed through pharmacy. With more products moving to GSL, this should be an important business consideration. Ten of the top 15 cold and flu skus are P, leaving only live of the 31 GSL skus in this list. Keep GSL brands separate from Ps, but near to the counter to make connselling and control easier.

Well supported brands Those receiving strong, consistent advertising or promotional support, and ones with which consumers will be familiar.

When considering whether to stock a new launch, such as the new Benylin Hot Drink, ask yourself the following:

- how much advertising support will it be getting?
- what does it bring to the category to interest consumers above and beyond existing top-sellers?
- will it increase my business?

If there is a positive answer to all of these questions, then you can either extend your shelf space or apply the one-in, oneout principle and remove a weak

performer to the stock drawer

Bearing this in mind, beware of representatives with tempting deals. Five per cent more POR than your top-seller may sound attractive, but how hard will you have to work to sell it and what will that do to your eash flow?

2 Display them well

stocked fixture is

not just one with

all the right

products

A correctly-stocked fixture is not just one with all the right products, but one that has impact on the eye and is easy to select from. This means regular stock replenishment - there should never be any gaps on the shelves; keeping it tidy

> - an untidy fixture will not encourage selection and makes the task of stockkeeping and reordering difficult; allocating the appropriate number of facings to brand skus in line with their share ranking and cash rate of sale, as op-

posed to pack rate of sale. Give the lines with the best cash rate of sale two or three facings if space allows, rather than one for every line regardless of cash rate of sale.

3 Train your staff

It is vital for staff to be trained to recommend the most appropriate remedy for each customer's needs, but they should also be aware of some of the other factors given above, ie recommend Plines first (wherever possible).

4 Ask the experts

Ask for guidance from the brand leaders' territory managers who visit you. They can help you put these principles into practice.

The final question is: how much space should I allocate to each category? A good starting point is category value and profit. Within winter remedies, this would mean giving 50 per cent of space to cough medicines, 25 per cent to cold and fln treatments and 25 per cent to decongestants. However, your final decision should take other factors into consideration.

The variety of formats There are many different formats of cold and flu treatment - liquids, tablets, hot drinks, cold drinks and capsules whereas the adult cough category is dominated by liquids.

The number of key brands This will be determined by the number likely to be requested at the counter following advertising support or by the extent to which recommendation determines purchase.

Effective use of category management will help ensure every inch of your shelf space works to maximise profitability. Experience with pharmacy groups and individual pharmacies confirms this. It can make the difference between a mediocre and a successful season for the pharmacy.

Preparing for the new package for primary care

A flavour of where the White Paper on primary care might lead and a taste of how the pharmaceutical industry is capitalising on the new freedoms to sell care packages to health authorities were on the menu at the Royal Pharmaceutical Society West of **England Regional Conference at Exeter last Sunday**

harmacy negotiators are to seek reassurances from the Department of Health that the community pharmacy budget will be ringfenced in the Primary Care Bill, which will soon be presented to parliament.

The health secretary, Stephen Dorrell, has already said there will be no new money for GP services, but he has pledged that the existing general medical services budget will be ring-fenced.

"So far as pharmacy is concerned, the current global sum is inadequate reward for providing the existing service. We have already told Mr Dorrell that it would be unreasonable to expect additional services without additional funding," said Wally Dove, chairman of the Pharmaceutical Services Negotiating Committee.

PSNC welcomed the "long overdue" recognition in the White Paper that community pharmacy could and should do more for patients, but it would be a mistake to give the Government's proposals an unguarded welcome, he warned.

"It's not a wish list - the plans will actually happen. Very shortly, the Government will publish a Bill which will put in place a new framework for the delivery of primary care services. It is likely to be law by next spring."



Regional chairman Maureen Roose chaired proceedings

The framework will give health authorities the power to decide the range of pharmaceutical services they want, who they want to supply those services, and how – and how much – they want to pay for them. They will not even need to purchase services from providers within their own boundaries.

"The ground is already shifting

Continued on P662

Question time

Some pharmacy organisations might not be able to support the services they apply to provide, suggested Greg Smith (Tavistock). He wondered

whether contracts in the future should be with a named person. PSNC chairman Wally Dove was blunt. "There are not enough pharmacists out there in quality or quantity to do the job." There is unlikely to be a move towards named contracts bearing in mind the number of big corporate contractors, he added.

Bruce Rhodes (Gloucester) asked whether there had been any consultation before the New Horizon document was published.

The PSNC's response to PIANA was not necessarily in line with others, said Mr Dove. "We need to air these issues to get them out of the way." There was not a lot of co-operation between the two bodies, he said. "Both sides tend to be territorial, and the PSNC and the NPA think a lot of the traffic is rather one-way.

RPSGB Council member Anne Lewis said that the public criticism of PIANA was "very unfortunate ... PSNC has reacted to one or two statements and has detracted from the document as a whole"

Three thousand of the 5,000 groups or individuals who had responded to the consultation paper had cited the remuneration structure as a cause of concern, she pointed out.

Continued from P661

beneath community pharmacy. Some HAs are already approaching pharmacists about the new services they want provided once the bill is enacted," said Mr Dove.

Some of PSNC's well publicised concerns over the Royal Pharmaceutical Society's 'Pharmacy in a New Age' directly translate to the White Paper, he said. Both documents fail to

recognise the need for additional funding.

"Set in the context of the Government's proposals, PIANA's failure to acknowledge the funding issue sends unfortunate messages to the Doll and the Treasury. Of course community pharmacy is willing and able to do more in primary care, but it is not a soft touch."

Since the global sum was unilaterally introduced by the DoH in 1988 income per script has fallen on average by 29 per cent, while productivity has increased by 27 per cent, Mr Dove reminded his audience.

Community pharmacists are not salaried NIIS employees, nor are they like GPs with a remuneration structure which pays for every service provided. Pharmacy contractors are commercial businessmen, "so when it comes to having visions about new and different roles they have to first question their financial viability".

On sale: disease management

Pharmaceutical companies are selling disease management packages to health authorities before the ink has dried on the proposed guidance criteria issued by the NHS Executive.

Chris Shaw, business development manager for Lilly Integra, explained that his company has already started contracting with a number of hospitals to provide a home care service to treat patients requiring intravenous infusion services at home.

An integrated diabetes package is being put together for health authorities. The diabetes service will contract with HAs to provide education, marketing and equipment of specialist services.

He identified three roles companies could work in to provide disease management:

- carve out role, where companies take over delivery of services to patients in certain areas
- integrator role, where services are put in place which help in defined therapeutic areas
- enabler role, where the company supplies the NHS organisations with 'tools', such as clinical information

In the UK, Lilly Integra has decided to concentrate on the latter two. The carve out role was more appropriate to the US.

The process should remain predominantly owned by the payer, said Mr Shaw.

He was non-committal about where pharmacists might feature in packages put together by his company. "We have looked at a number of roles pharmacists could fulfil, but it is up to you to be innovative and look to where you fit."

MCA moves to update POM to P switch guidelines

MAL 77, the guidance from the Medicines Control Agency on the POM to P switch procedure, is currently being updated. The OTC industry is hoping the revision will include details on the data needed to allow products to be switched for chronic recurring conditions.

This would allow the collaborative care model being promoted by the industry's trade association, the Proprietary Association of Great Britain, to become more of a realisable objective, suggested commercial manager Alison Williamson.

In the model, a patient might first visit a GP and get a script for a medicine, but if the condition persists, the patient is able to obtain further medication without having to go back to the GP unless necessary.

The model already works well for eczema, vaginal candidiasis,



PAGB commercial manager Alison Williamson

irritable bowel syndrome and arthritic pain, suggested Ms Williamson, and might in the future be extended to include asthma and gout.

• The OTC industry remains confident that the campaign to retain Resale Price Maintenance

will be successful. The Office of Fair Trading has no power to end RPM. Any change to the existing law will only occur if the OFT is able to prove there have been material changes since the 1970 judgment. The hearing will be in two stages.

Ways to make an impact on health authorities



HA adviser Marilyn Ramsden

A future where health authority pharmaceutical advisers head up teams of community pharmacy specialists providing services to medical practices was painted by Marilyn Ramsden.

As pharmaceutical adviser to North & East Devon HA, she has a team of 13 community-based prescribing advisers but, she said, they are not doing as much as she would like. "We need to free up pharmacists and make them more available," she said and called for a relaxation of the supervision requirements.

Like many pharmaceutical advisers, she has decided the best area to prove a pharmacist's worth is in tackling drug-related issues. She has targeted three areas:

• Rational prescribing. Thirteen prescribing advisers are working with GP practices. Six of these have made savings of \$167,000 and received \$71,000 from the incentive prescribing scheme. The pharmacists are paid \$100 per session, and locum costs covered if necessary.

Thirty medical practices (40 per cent of those in the HA) have been taken out for formulary development days. Of these 25 specifically invited a community pharmacist.

Pharmacists have also been employed to carry out 'quick hit' GI reviews, trawling through practice lists to identify patients on long-term H2 therapy and reviewing their treatment with a view to cutting drug costs.

- Reduction of waste. Eighteen months ago, the HA won \$40,000 from the DoH to carry out a 'brown bag' review. Four pharmacists were involved in the project. The review identified that 2 per cent (\$95 million) of the total HA drug budget could be 'saved'.
- Improved adherence (or patient compliance). The results of a mental health project involving four pharmacists visiting patient day centres, and a domiciliary visiting project where three pharmacists are each assessing 12 of their patients and preparing a care plan, are currently being evaluated. It is hoped to be able to use these results to promote pharmacy to the social services.

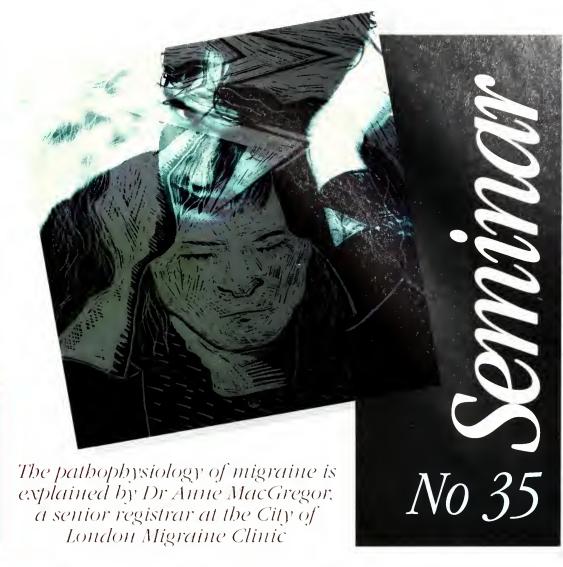
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Taking the lid off migraine

rgraine is a recurring condition, with complete freedom from symptoms between attacks. Attacks typically last from four 10-72 hours, with headache accompanied by nausea, vomiting, dislike of light, sound and smell.

Migraine affects people from all walks of life. It is difficult to assess the exact prevalence of migraine, partly because too few people visit their GP with the condition.

However, a Swedish study has shown that migraine prevalence in seven-year-olds was 1.4 per cent, increasing to 2.5 per cent by the age of nine years. By 15, prevalence had increased to 5.3 per cent. Before puberty no gender differences were noted, but after the age of 11 there was a female predominance.

A more recent study found that 8 per cent of men and 25 per cent of women questioned had had an attack of migraine at some time in their lives.

Attacks vary with time, occurring frequently for a few months, petering out and then recommencing, sometimes several years later. They rarely occur more often than once or twice a week; most migraineurs report attacks once or twice a month.

Hormones also affect attack frequency. Women have more frequent migraine during the menopause, while in men the pattern is fairly consistent throughout their lives. Frequency and severity of attacks tend to decline in both sexes in later life.

Types of migraine

With migraine, patients (and doctors) often fear the presence of a brain tumour. These are rarely present with

headache symptoms alone.

The two most frequently encountered types of migraine differ only in their presence or absence of an 'aura'.

Around 70 per cent of sufferers have attacks of common migraine, without the aura. About 10 per cent of them have attacks almost exclusively of classical migraine (with aura) and 15-20 per cent have both types.

It is not uncommon for the type of migraine to change over the years with the headache becoming less and the aura becoming more of a feature.

It is rare for migraine to start in people over the age of 50 and if it does, then further investigation is required.

In children, attacks may be short, lasting only a few hours. Headache is bilateral rather than unilateral and is less of a feature. Gastrointestinal symptoms, including nausea, vomiting and particularly abdominal pain, are more prominent.

Stages of an attack

The clinical features of migraine can be divided into five distinct phases, not all present in every attack.

Prodome: two-thirds of patients experience warning symptoms preceding the headache, with or without aura, by 12 to 24 hours.

Symptoms include subtle changes in mood or behaviour, which are more likely to be recognised by friends and relatives than by the patient. They include irritability; feeling 'high' or 'low'; extreme lethargy; dysphasia; a craving for certain foods; anorexia, constipation or diarrhoea; and urinary frequency, thirst or fluid retention.

• Aura: symptoms of aura are attributed to the cerebral

ortex or brain stem and gradually develop over several minutes. They usually last about 20-30 minutes. Visual aura is the most common symptom, in the form of blind spots, scotomata, or fortification spectra.

Less common is sensory disturbance. Typically, pins and needles spread up the arm from one hand, sometimes affecting one side of the face and tongue. Aura symptoms usually resolve before the onset of headache and there may be a gap of up to one hour before the headache starts.

• Headache and associated symptoms: the headache lasts between four and 72 hours. It is typically a one-sided throbbing headache but may be bilateral. It is aggravated by movement of the head and patients prefer to lie down.

Accompanying symptoms are nausea, photophobia and phonophobia. Anorexia may be a feature but some patients find that eating helps, even when nauseous.

- Resolution: other than using effective medication, the natural course of migraine is to resolve the condition with sleep. Children often improve after vomiting.
- Recovery: after the headache has gone, most migraineurs feel drained and washed-out for a further day.

Reducing attacks

Attack frequency can be reduced by up to 50 per cent – as effective as most drug therapies – if patients identify and control trigger factors.

Triggers are not the same for everyone. They appear to act cumulatively, reaching a 'threshold' above which attacks are initiated. This explains why a missed meal or glass of red wine will not trigger an attack every time.

Foods, particularly cheese and chocolate, are often-cited triggers. In fact, only a small percentage of sufferers have true food sensitivities. Lack of food is a more important trigger, particularly in children. Many attacks can be prevented by encouraging the child to eat a proper breakfast and, if possible, a proper school lunch rather than a snack of crisps and chocolate.

Plain old headache?

Non-migraine headaches are

common and are usually easy to recognise. Confusion arises when a patient has more than one type of headache. The cardinal rule is that daily headaches are not migraine, although migraine attacks may be superimposed.

The most common nonmigraine headaches are:

Tension headache: a continuous headache, often described as a band around, or a weight on top of, the head. It lasts throughout the day, rarely interferes with daily activities and is unaffected by analgesics. It is often associated with depression.

Muscle contraction headache: some cranial conditions can give rise to local muscle pain. The affected muscle(s) are often tender to touch. Analgesics help in such cases.

 Medication misuse headaches: the existence of headaches related to misuse of ergotamine has been recognised for many years. More recently, headaches linked to the over-use of analgesics have been identified. Anyone treating headache with ergotamine or analgesics on more than three days a week is at risk.

• Secondary headaches: headaches can result from underlying pathology affecting the ears, the nasopharynx, sinuses, eyes, teeth, the jaw, upper cervical spine and temporal arteries.

The impact of an attack

David Merrington, managing director of Pfizer Consumer Healthcare, looks at the impact migraine has on sufferers

igraine has a considerable impact on sufferers, their families and colleagues, as well as on the economy. The distress the condition causes is impossible to measure, but it cannot be disputed that migraine reduces quality of life. In economic terms, the health service incurs costs by providing treatment for sufferers. Many migraineurs have to stop work, or find they work inefficiently following an attack.

Many sufferers report their first attack in their teens or 20s, but recent research confirms that children under the age of ten years can also be affected. In total, it is thought that migraine affects around five million people in the UK, including an estimated 250,000 children under the age of 15 years.

The physical symptoms of migraine – including headache, visual or sensory disturbances and/or gastro-intestinal effects – vary from person to person and often from attack to attack. The emotional impact is extremely difficult to assess.

However, research into patient attitudes shows that the life stresses most often cited are inability to relax, demands on self and depression. The most emotional reactions during headache are frustration, anger, tension or nervousness and depression.

Migraine can provoke severe recurrent headache in children and is a factor behind some school absence. On average, school children with migraine have more than twice as many days a year off due to illness compared with other pupils (7.8 days compared with 3.7).

Economic impact

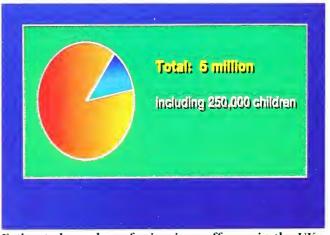
The UK's health service costs for migraine relate both to therapy in response to a migraine attack and to long term maintenance therapy, including prophylaxis.

The cost of consultations with doctors is approximately £35 million annually. A further £75m is spent in the primary care sector on the two million prescriptions dispensed each year. Hospital admission does not play a large role in the management of migraine – the cost for

hospital care is approximately £2m per annum.

The total cost to the NHS of treating migraine is a relatively modest £112m a year. Assuming a prevalence for the condition of around 10 per cent, giving a population of five million migraine sufferers, the annual cost to the NHS is equivalent to around £22 per capita. This compares to more that £350 for asthmatics and reflects the fact that there is little the NHS can offer the migraine patient at the present time.

The second aspect of the economic burden of migraine relates to lost production. Estimates of the time taken off from work imply a rough cost approaching £20m. However, this takes no account of the many sufferers who remain at work with reduced productivity. Neither does it measure the impact on



Estimated number of migraine sufferers in the UK

Christine Glover, a community pharmacist practising in Edinburgh, looks at how migraine can be managed in the pharmacy

those who are not eligible for sickness benefit payments, such as housewives.

Coping with migraine

The methods migraine sufferers employ to cope with their migraines include:

- medication (75 per cent)
- rest (68 per cent)
- fighting the headache (39 per cent)
- keeping busy (32 per cent). Not all migraine sufferers visit their doctor about their condition, and only 10 per cent consult regularly. Considering the little that the NHS can offer migraine sufferers, it is not surprising that many turn to their pharmacist for help.

Migraine sufferers can be encouraged to help themselves by identifying 'triggers' and avoiding them. For many, the speed with which they treat themselves is key to minimising the effects of a migraine and migraineurs should be encouraged to keep medication to hand.

Migraleve is recognised as an effective way to deal with adult migraine. A lesser known fact is that it is the only OTC migraine treatment which is suitable for children aged ten years or over.

Self-help groups

Contact with other sufferers is one way to help reduce the feeling of isolation and can encourage them to identify triggers and investigate ways to control the condition.

- City of London Migraine Clinic, 22 Charterhouse Square, London EC1M 6DX.
- British Migraine Association, 178a High Road, Byfleet, Surrey KT14 7ED
- The Migraine Trust, 45 Great Ormond Street, London WC1N 3HD.

Coming to a head

igraine affects 8-12 per cent of the population, and twice as many women as men are sufferers. Such people are anxious to self-medicate to avoid what is frequently a very disabling episode. The community pharmacist is well placed to help them, since up to 50 per cent never discuss their symptoms with a GP.

When people come into the pharmacy complaining of migraine, the pharmacist must satisfy himself that the patient really has migraine, and not something more serious which requires immediate referral. Someone with a classic migraine would be unlikely to get to the pharmacy.

Patients need referral when their headaches are:

- severe and have begun recently
- getting worse or more frequent
- the result of a head injury
- accompanied by neck suffness or drowsiness
- accompanied by weakness, loss of vision or other unusual symptoms
- not responding to treatment.

Diagnosing migraine

Staff need to understand the terminology of 'sick headache', aura, phorophobia and phonophobia. They need to be able to eliminate other conditions, such as tension, cluster and sinus headaches, in order to know when to refer a patient to the pharmacist.

Many people seeking help will already know that they suffer from migraine. The WWHAM routine followed by a few other some simple questions will help to eliminate other possibilities.

- How often do the headaches occur?
 Migraine occurs at varying intervals, between which the sufferer is completely free of symptoms.
- When did the headaches first start?
- Migraine typically starts in the teens or 20s.
- Do you feel sick or vomit during the headache?
 Headache with stomach upset

s one definition of migraine
 What do you do during one of these headaches?
 A migraine sufferer is often forced to suspend normal daily life, avoiding light and noise.

Practical advice

To help reduce the frequency of attacks, pharmacists can give some practical advice:

- Keep a diary to identify the possible trigger factors and patterns of migraine attack
- Some migraine attacks occur at weekends, on days off or in the first few days of a holiday. Strategies to avoid the buildup of stress are worth trying.
- Many people skip meals and this can lead to hypoglycaemic situations. Carrying a supply of dextrose tablets can help, particularly for children after a strenuous games session.
- It is important that sufferers take their medication as soon after the onset of an attack as possible. This means carrying medication at all times
- Recommend walking for 20 minutes a day, making sure that the head is up, shoulders down, and that heels touch the ground.
- Recommend deep breathing exercises using the diaphragm for at least ten minutes a day.

Types of medication

The pharmacist must ensure that appropriate advice is given with medication.

• Treatment available OTC: Analgesics may be suitable, especially if used early.

Paracetamol has the advantage of not causing gastric irritation. Soluble forms are more quickly absorbed – an important factor in getting in ahead of the attack proper. Codeine can be used in combination with other analgesics.

Anti-emetics can be useful when sufferers find nausea disabling. A combination remedy contaming the H1 receptor antagonist buchizine hydrochloride, which also acts as a sedative, may be appropriate. Migraleve is one such product, but it is important to note the maximum dose and remember that the recommended dose for children ten to Li years is half the adult dose.

• Prescribed medication Ergotamine preparations produce constriction of cranial arteries and are used in patients who do not respond ro analgesics.

Use is restricted because of absorption problems and side-effects. The recommended dose should not be exceeded and treatment should not be repeated at intervals of less than four days. The aerosol form (Medihaler Ergotamine) may be useful for some patients, but oral and suppository preparations are available.

Anti-emetics include metoclopramide, phenothiazines and antihisramines. These may be given orally, by injection or rectally where appropriate. Metoclopramide has the added advantages of restoring normal peristalsis and promoting gastric emptying. However, care should be taken for extrapyramidal effects, especially with children and young people. Migravess and Paramax both contain metoclopamide.

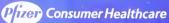
Sumatriptan is a 5-HT1 agonist thought to act by constricting intracranial vessels. It should not be used for 24 hours after ergotamine treatment has been stopped. Conversely, ergotamine should not be taken until six hours after sumatriptan.

The drug is not suitable for prophylaxis, and it should not be given with the selective serotonin re-uptake inhibitors, monoamine oxidase inhibitors or lithium.

Przotifen has to be taken regularly if it is to have any prophylactic effect. However, its use should be reviewed every six months. Betablockers and tricyclic anti-depressants are sometimes prescribed for prophylaxis and the usual advice should be given with these.

• Complementary therapies There are excellent homoeopathic treatments for migraine but it is important that the patient sees an expert practitioner. Herbal remedies containing feverfew have also found a place in the management of migraine.

inter 300 mg. Cadeine Phasphate Pheur sege and administration: Adults. opink Migraleve 1 tablets immediately it is migraine attack has started ar is imminent. If it is interest, way ellaw Migraleve 2 tablets every aximum eight tablets (two Migraleve 1 and 2) in 24 haurs. Children 10-14 years: ane 1 initially (I required one yellow Migraleve 1). Jour Surs, Maximum eight fablets (two Migraleve 1 and six Migraleve 2) in 24 haurs. Children 10-14 years: ane pipk Migraleve 1 initially. If required one yellow Migraleve 2 every four haurs. Maximum four tablets (ane Migraleve 1 and three Migraleve 2) in 24 hours. Elderly (aver 65 years). As for adults. Contra-indications, warnings etc: Contra-indications: Hypersensitivity ta any of the ingredients. Precautions: Patients suffering from high bload pressure shauld be treated for this candition independently Becouse of the passibility of drowsiness, consideration should be given to patients invalved in hazardous occupations. Migraleve should be used with caution in patients with liver ar kidney dysfunction. Side-effects: Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) ar drowsiness (buclizine hydrochlaride). Use in pregnancy. Whilst there are no specific reasons for cantra-indicating Migraleve during pregnancy, as with all drugs, it is recammended that Migraleve be used with caution in pregnancy. Migraleve is not cantra-indicated in breast-leeding mothers. Irealment of overdosage. As for paracetomol (i.v. acetykcysteine) and codeine (injection at naloxane). Recommended prescribing: On first presentation Migraleve Dua 48 a.p. Toke twa pink Migraleve 1 tablets immediately and twa yellaw Migraleve 2 tablets q.q.h.p.r.n. (The Dua Pack cantains 32 pink Migraleve 1 tablets immediately and twa yellaw Migraleve 2 tablets q.q.h.p.r.n. (The Dua Pack cantains 32 pink Migraleve 1 and 16 yellow Migraleve 2. Basic N.H.S. price £5.10). Subsequently, taking patient experience into account, either pink Migraleve 1 ar yellaw Migraleve 2 can be prescribed in multiples of 48, so avoiding a dauble prescribion charge Legal category: P. Product Licence Numbers: Migraleve 1. Pt. 0232/0027. Migraleve 2. Pt. 0232/0028. Migraleve (Dua) Pt. 0232/0028. Product Licence Holder: Charwell Pharmaceuticals Ltd., Wilsom Road, Altan, Hampshire GU34 2TJ. References 1. Data on file, Pfize



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SMIIF

Migraleve Duo provides a total migraine treatment. Migraleve 1 (pink tablets) is usually enough to halt a migraine attack, when taken at the start.2

BACKON HER FACE

While Migraleve 2 (yellow tablets), taken second, counteracts more persistent headache symptoms. Together they provide effective migraine treatment, proven over twenty years.

48 TABLETS Migraleve COMPLETE DUO TREATMENT FOR MIGRAINE

Pink tablets – buclizine hydrochloride, paracetamol, codeine phosphate. Yellow tablets - paracetamol, codeine phosphate.

he one you trust to manage migraine

Forging the links in primary care

A husband and wife team, who run an independent pharmacy in east London, won this year's Glaxo Wellcome/Chemist & Druggist Community Pharmacy Award: From Practice to People. Their example – and that of other entrants – bodes well for pharmacy in the New Age, said the judging panel

he first Practice to People Awards, in 1994, recognised pharmacists who had set up successful services for patients. This year, the Awards focused on community pharmacists who were forging links with other professionals to the benefit of patients and the healthcare team.

Congratulating this year's finalists at the Awards' presentation last week, Michael Bailey, Glaxo Wellcome's director of public affairs, said the award was particularly appropriate coming as it did two months after the publication of the 'Pharmacy in a New Age' document.

The concept of pharmacists working in partnership with other professionals in the primary care team was one of the key directions for the future outlined in the document. If those who compiled the 'New Age' wanted examples of best practice, "they couldn't do much better than look at the initiatives carried out by the contestants here today".

Their excellent contributions were a fine illustration of how pharmacists could set up partnerships with other professions to deliver better healthcare to patients, he said. The finalists had come from a variety of pharmacies - both independent and multiple – showing how all could work together to achieve PIANA's objectives.

Glaxo Wellcome was proud to be associated with the award and endorsed the proposed way ahead for community pharmacy. This year was likely to be a watershed in the profession's development and Mr Bailey urged pharmacists to seize the initiative and drive the future.

"It won't be easy," he warned. "But stay strong and make it happen for community pharmacy. . We in Glaxo Wellcome will do all we can to help you."



"Stay strong and make it happen for community pharmacy," said Michael Bailey, Glaxo Wellcome's director of public affairs

Patrick Grice, editor of C&D, said that earlier this year the Department of Health's chief pharmacist, Bryan Hartley, had cast doubt on whether community pharmacists would be capable of delivering the services

envisaged in the recent White Paper on primary care.

"I am pleased to tell him that, on the basis of the entries for this year's 'Practice to People' awards, he is wrong," said Mr Grice. All the finalists were mak-



The finalists outside the Conrad Hilton at Chelsea Harbour, London. where the Awards were presented (from I-r): runner-up Hilary Edmondson (Moss Chemists, Hull), Julie Small (Lloyds Chemists, Alfreton), Andrew Maguire (W Davidson & Sons, Dunkeld), and husband and wife team Ash Pandya and Mahua Das (Health First, London)







C&D editor Patrick Grice: "The finalists are the tip of the iceberg"

ing a unique contribution in their local area "and I believe they are the tip of the iceberg".

But there was concern that these valuable contributions were at risk in the future from the short-termism which permeated health authority budgeting. The current NHS contract was not structured to provide payment for the important services that the award winners were offering.

The judges' views

As non-voting chairman of the judging panel. Mr Grice explained how the judges had decided on the winners. The entry from Mahua Das and Ash Pandya, of Health First (UK) in Walthamstow, was the unanimous first choice for showing so well how pharmacists could operate in a multidisciplinary team. Mr Pandya acted as prac-

Continued on P668





The judges met in October to select the finalists (I-r): C&D editor Patrick Grice; chief executive of Dorset Health Commission, Ian Carruthers; community pharmacist and RPSGB Council member Gill Hawksworth; Georgina Craig, the NPA's head of professional development; and Dr Maureen Devlin, Glaxo Wellcome

⋖ Continued from P667

tice manager, whose specific role was to develop services and forge links with other health professionals. He had promoted the business both to GPs and the public and had encouraged cooperative ventures with other independent pharmacies.

The second prize went to Andrew McGuire, manager of W Davidson & Sons, Dunkeld, Perthshire, who had brought sophisticated pharmaceutical care planning to a small community and had used his expertise to the full in co-operation with the local medical practice. Mr McGuire had reviewed patients on repeat medication and had set up anti-coagulant and blood monitoring clinics.

"The specialised services developed by Mr McGuire in what is essentially a local community setting impressed the judges," said Mr Grice. "The close liaison with the local medical practice – both GPs and nurses – was noted, as was the fact that an element of audit was built in."

The winner of the third prize was Julie Small who had taken the concept of 'care in the community' to heart by setting up an informal advice centre in her branch of Lloyds Chemists in Alfreton, Derbyshire.

"The judges felt this to be a useful initiative, especially in the setting of a small town on the edge of the Peak District, a reasonable distance from the nearest large conurbation." It had been well supported by local health authorities, social services and a broad range of voluntary agencies.

Hilary Edmondson of Moss Chemists, Hull, was "nearly in the top three" for a project helping elderly patients with their medication. The judges were impressed by the extensive amount of liaison which was involved and her project was also highly-rated professionally for its patient benefits.

The prizes were attendance at a major pharmacy conference or a management course. The Pandyas are hoping to go to the American Society of Hospital Pharmacists' amual meeting in San Diego next year.

Mr Grice was joined by Glaxo Wellcome's Dr Maureen Devlin; Georgina Craig, head of professional development at the National Pharmaceutical Association; Gill Hawksworth, a community pharmacist and member of the Royal Pharmaceutical Society's Council; and Ian Car-

ruthers, chief executive, Dorset Health Commission.

Dr Devlin told *C&D* afterwards that she felt pharmacists were often held back by a lack of collectivism. She was particularly impressed by the way the winners had employed a practice manager specifically to develop both inter- and intraprofessional links.

She had been impressed with Andrew McGuire for not being afraid to use his scientific training to become involved with clinical work, and she praised Julie Small's project for making the pharmacy a focal point in the community.

Ms Craig said all the entries were excellent. She particularly liked the way Mr and Mrs Pandya were trying to encourage independents to work together, which was also what the NPA was trying to achieve.

Ms Hawksworth, who has been closely involved in PIANA developments, said: "The PIANA proposals definitely have a future, because if pharmacists have grasped the principle of multidisciplinary work and are doing things to such a high standard as the winners here today, we're on to a winner."

The winning entries

• Husband and wife team Mahua Das and Ash Pandya met on a day trip to Margate. Mahua is a pharmacist who bought her first business – Health First (UK) in Walthamstow – just over five years ago.

Ash trained as a microbiologist but his work in financial services gave him a good grounding in marketing and business skills. At first he was apprehensive about giving up his job to work in the pharmacy, but the dramatic improvement in prescription business has proved he made the right decision to become fulltime practice manager.

"Mahua did not have the time to develop the business on her own. And pharmacists aren't always trained in the business skills required. Like fund-holding GPs, pharmacies need to have practice managers to develop other roles," he says.

The couple are in regular contact with the local doctors' surgery, advising on prescribing and repeat medication, and have built up a dressings formulary with the practice nurse and district nurse. They also help monitor patient medication at three other surgeries.

Ash has run health promotion activities, promoting community



The winners: Mahua Das and her husband Ash Pandya receive their award from Glaxo Wellcome's Michael Bailey and C&D's publisher, Ron Salmon (right)

pharmacy to the public, and has formed a pharmacy practice group with a couple of other independents to carry out joint ethical marketing activities. The group plans to hire or sell equipment, such as TENS machines, nebulisers and glucose monitors, and is embarking on a diabetic screening project.

• Andrew McGuire, who manages the only pharmacy in Dunkeld, is collaborating with the local surgery in devising pharmaceutical care plans for patients. The scheme started in November last year, with a review of all patients on repeat prescriptions. Quality assurance is checked by an expert panel examining a representative sample of the care plans.

Andrew monitors patients on anticoagulant therapy using a Coagucheck device and adjusts the dose of anticoagulant within a range agreed with the GP. He also runs a blood monitoring service, measuring blood glucose, urea, creatinine and other parameters, to keep an eye on patients' progress within the agreed care plans.

His job satisfaction has increased by making more use of his pharmacy training and working together with the GPs and practice nurses, who now regard him "more as a professional than a shopkeeper".

• Julie Small, whose branch of Lloyds in Alfreton concentrates mainly on dispensing, wanted to make good use of a large front shop area. With support from South Derbyshire Health Authority, she set up the CHAT centre where customers can pick up information leaflets and get advice on many aspects of health and welfare services. CHAT stands for Community and local



W Davidson director Terry Lonsdale and Andrew Maguire (centre) chat to C&D's publisher, Ron Salmon



Julie Small, manager of the Lloyds' branch in Alfreton, talks to Sarah Barlow for Glaxo Wellcome's news tape



Glaxo Wellcome's commercial operation manager, Steve Jordon (left), catches up on the gossip with Dr Maureen Devlin (currently on secondment to the National Primary Care Research & Development Centre in Manchester) and Patrick Grice, editor of *C&D*

Healthcare, social and welfare Advice provided informally by Trained professional advisers. They include health visitors, social workers and representatives from agencies, such as Age Concern and Arthritis Care, which attend at specific times, and there is a regular pharmacist's advice session.

When the service started last January, the pharmacy distributed about 200 leaflets a week, which has since settled at about 100. Julie believes the pharmacy has taken on an important pivotal role in the move towards seamless community care.

• Hilary Edmondson, of the Hessle Road Moss branch in Hull, was commended for her survey of a local GP's elderly patients to resolve their medication problems. She is currently trying to encourage links between GPs and staff at day care centres who have to cope with elderly people's medication.

ENTERNA ANALGENIENT

TUST YOUR FULLING

Inheritance taxes generate substantial sums for the present Government. But if a Labour administration were to enter office, even more could be generated from this revenue source. For pharmacists wishing to keep their business in the family, now may be the time for a bit of prudent forward planning

part from occasional blips in the public's muchvaunted voting intentions, the Labour Party remains firm favourite to win the next general election.

If Labour does win, it is likely to impose heavier taxes on businesses as part of its policy to lean heavily on 'the rich'. Labour also wants to generate \$250 million over two years by closing loopholes in inheritance taxes. That means the current tax regime will have to go.

All types of businesses, including pharmacists, could be feeling the pinch.

Pharmacists who wish to keep their business in the family, particularly those nearing retirement, might want to consider giv-



ing away part or all of it now if they can afford to do so.

Plan for the future

Planning ahead helps. Before you give any part of your business away, you should secure your financial future. You should review your and your spouse's assets and sources of income, and work out what you can afford to give.

Making a trust is the next step. By transferring your business to a trust you can reduce your potential tax bill without loss of control. This is because a trust is controlled by trustees who can usually be you (and your spouse if you wish) plus your trusted adviser.

Provided an appropriate trust is used, the beneficiaries should be unable to obtain control of the trust assets or to bring the trust to an end without your consent.

As long as the trustees act in the interests of the beneficiaries, you can effectively retain control of the business without being taxed on it.

Giving it all away

How much of your business should you give away? This depends on many factors, such as the value of the business in relation to your other assets, your present and future involvement in the business, your age and whether the younger genera-

tion is willing and able to run the business.

But as much as anything it depends on tax. From the tax perspective, you should reduce your total interest in the business (including your spouse's) to below 50 per cent. This should strip a substantial amount of value out of your ownership, which is the aim of the exercise.

You also need to bear in mind other rules, for example, those relating to capital gains tax retirement relief.

Who will benefit?

You can include anyone as a beneficiary of the trust. But there are some important dos and don'ts:

- do not include yourself. Otherwise your gift to the trust will be ineffective for tax purposes
- do not include your spouse (other than after your death)
- do include not just your children who will manage and eventually inherit the business, but your other children (and indeed grandchildren).

Nothing is lost by including the whole family provided:

- they are no more than potential beneficiaries
- the trustees have appropriate powers to decide who benefits.

In control

Who should control the trust? In most cases, you will be able to act as one of the trustees. So can

your spouse. It is unlikely that you will wish your children to act as trustees, not at this stage.

It is safer if you are not the only trustee. This is because there should also be a neutral trustee, typically your trusted adviser.

You may be a little reluctant to involve a neutral trustee. But if you do not, your gift may not be tax-effective, especially if you are the sole proprietor or shareholder.

A trust has other advantages. It

- prevent undesirable sales If the business is given direct to the children, they can sell it at any time. If it is held in trust, the trustees can decide when and if it is prudent to sell it
- maintain equality among your children Children who are not involved in the business can benefit if it is wished, while the business is preserved for the ultimate benefit of the participating children
- **keep your options open** You may not know which of your children will be willing and able to carry on the business. A trust allows you to postpone the deci-

sion about who gets what until your children's aptitudes and career paths have become clear.

Getting advice

Solicitors specialising in trusts are located around the UK. Clients who want advice about trusts are charged by the hour. The rates, however, vary a lot, depending on where the solicitor is based. A Newcastle-based solicitor, for example, could charge about \$140 per hour, whereas a leading London solicitor could charge up to \$300 per hour.

Details of solicitors around the UK and the rates they charge are available in a book, called *Legal 500*, written by John Pritchard, and stocked in most good bookshops. Solicitors specialising in trusts appear under a section headed: private clients and personal tax

As for choosing a solicitor in your region, you can find all the names you need in the Solicitor's Regional Directory, and Chambers & Partners. Both books should be available in your local library.

A few solicitors specialising in trusts include:

Speechly Bircham, London Winkworth & Pemberton, London Dickinson Dees, Newcastle Tracey Barlow Furniss & Co, Nottinghamshire 0171 353 3290 0171 593 5000 01912 611911 01909 472355



Sharpening a keen edge

Smithkline Beecham's consumer healthcare business, like the parent company, has recorded impressive results this year. Russ Moran, its vice president and general manager, now wants to sharpen its competitive edge. Guy L'Aimable reports

uss Moran, vice president of Smithkline Beecham UK Consumer Healthcare, pauses for an instant when asked how he defines leadership and how that ethos affects the way he runs

"If you don't mind, let me approach that question from another angle. What we do is a simple formula. We hire the best people we can - develop them, motivate them, set the strategic direction for them and then get out of the way."

Does that mean that Mr Moran prefers a 'hands-off' approach? "lt's not hands-off. Where there's a problem area, l dig in and dig in deep. As long as they're getting the results, they're owed the trust to be left alone," he says.

Pulling in the profits

SB is certainly getting the results. Throughout the year, its new products have been fuelling a financial performance that has brought plaudits from the City. During the third quarter to September 30, its consumer healthcare sales rose II per cent to \$607 million, and the trading profit grew by 5 per cent to \$111m.

Oral healthcare sales were up 23 per cent to \$138m, those of OTC medicines grew 9 per cent to \$362m and nutritional healthcare sales rose 7 per cent to \$107m.

SB does not give a breakdown of its UK sales, but it is positioned second in the UK oral care market, with a 21 per cent share of sales, and it leads the UK OTC market with a 12 per cent share of sales.

The company's market position, says Mr Moran, is its major strength. "That gives us economies of scale and greater leverage with trade customers."

lts well known brands and formidable reputation with major multiples give it further clout. Pcrhaps equally important, the company's prestige draws quality staff. "Another strength is the quality of people here. With our size, it's very easy for us to obtain good talent and to retain that talent," he says.

Not that SB is all-powerful. Its biggest weakness, says Mr Moran, is to concentrate too much on the short-term. "My perspective is 'Yes, have short-term goals to satisfy the corporation and the City, but we need a balance that cnables us to adhere to our short-term objectives without losing sight of our long-term

Customer services is another weak area. "It's not a glaring deficiency, but it's an area where we could do better.'

Good track record

Mr Moran's managerial teeth were cut in the US healthcare markets. Having spent nine years as Abbott Laboratories' marketing director, he joined Warner-Lambert as category director of oral care and skin care, and rose steadily up the ranks to vice president, product management, of its consumer health products

Moving to the UK, he says, did not involve a clash of US and UK managerial styles. "Smithkline Beecham is a true multinational. We have different nationalities at the senior level, so there is not one country's management style that powers the whole company. We do have different managerial styles, but they're aligned with Smithkline Beecham's core values," he says.

llaving worked in the UK healthcare market, he has often thought about how it compares with that of the US. Both countrics have similar oral care markets in terms of the products and the way they are marketed.

"But the concentration of manufacturers is different in North America, where you have four to five major players. In the UK, it is, as we Americans would say, a two-horse race between Smithkline Beecham and Colgate," he comments.

Mr Moran sees more differences between the countries' OTC markets. "From the con-

sumer perspective, they are a lot more cautious about using OTCs in the UK. They go much more readily to the doctor for various ailments. And in terms of legal status, US products are either prescription or OTC.

which can be sold in almost any type of outlet. In the US, the pharmacist is a stakeholder in the OTC business. But here, the pharmacist has a much more major role in OTC sales.

Which OTC system is the best: the US or UK? "It depends on who you ask. The US system is virtually an anomaly, globally. All the rest of the world has at least a three-layered (OTC classification) system. Some have more. The UK system does provide more of a safety valve, but having said that, people are not dying in the streets in the US because they have greater access to OTC drugs."

Before working on SB consumer healthcare in the UK, Mr Moran was vice president of the company's global category management business. This handles SB's global brands, supervising their development, advertising and packaging. Mr Moran values the experience. "I've experienced around the world what works and what doesn't work. I've had a lot of successes and a lot of failures. Basically, it helps you to gauge what has a high chance of success and what has a high probability of failure," he explains.

Divest for success

He has been casting a critical eve over SB Consumer Healthcare's products to evaluate the company's core lines. "This is a very complex business and we don't need to add to that complexity. We could, for example, divest brands that don't fit our strategic properties.

Having sold Cymalon and Diocalm, SB is evaluating another small group of brands. Some of its smaller ones may be discon-

Another strength

is the quality of

people. With our

size it's easy to

tinued if it is found they cannot be divested.

The company is also trimming back its 'stockkeeping units' (skus). "The industry has more skus than a consumer could posobtain good talent sibly need and that a retailer could stock. Our

target next year is to reduce skus by 10-15 per cent."

Mr Moran wants to steer away from launching "copies of products already on the market". SB's aim is to produce major, innovative brands which, with its divestments, will produce a smaller portfolio that packs a bigger punch. Its new varieties include Solpaflex and Panadol Night. "They were new concepts for the UK market - we'll see more of these types in future," predicts Mr Moran.

OTC brands like Solpadeine, Solpaflex and Nurses are cited as future stars. Mr Moran is particularly excited about Nurses. "This is a personal crusade of mine. It's a very successful product in the UK, but it still hasn't reached the potential of its US equivalents, such as Nyquil."

Not all SB launches, of course, become superstars. Tagamet, for example, is positioned second in a three-brand market. Its prelaunch hype created a lot of trade interest, but the general consensus of opinion is that the launch could have been handled better.

Mr Moran concedes there was a fault, but stresses SB was not the only manufacturer to make a mistake. "All the H2 manufacturincluding Smithkline Beecham, could have done a much better job at providing information to pharmacists, for example, on the safety aspects of the products. But many things concerning Tagamet were done



A company perk: president Jean-Pierre Garnier was visiting SB's UK business on the day we interviewed Mr Moran. As SB had reported good results, all the staff were allowed to dress casually that day

very well. Our advertising brought consumers into the pharmacy; the trouble was that they didn't walk out with the product."

All 112s, he says, are performing much worse than expected in the UK. Here they account for 6 per cent of the antacid market, whereas their share approaches 50 per cent in the US.

"The main barrier we need to clear is to stop pharmacists from being uncomfortable about recommending H2s. And that's one of the jobs of our new sales force."

SB, he adds, is even working with its competitors to improve this category's sales. Its latest step is Tagamet Dual Action liquid, which is "a superior product". It has achieved prescription reimbursement status and the company is telling doctors that they will save money by prescribing it, because it does both the work of an alginate and a H2 antagonist.

The grocer's friend?

The question of products raises another vexed issue: the company's stance towards its retail customers. Pharmacies account for 55 per cent of SB UK's OTC sales, and the rest is taken up by grocers. However, the company has been accused of favouring grocers – an SB source admits it has received a number of complaints from pharmacists in the past. Mr Moran rejects the favouritism tag and says the manufacturer aims to please all its customers. "There's no question that the old Beecham was known as the 'grocer's friend'. We still want to be known as the

> grocer's friend, but we also want to be the pharmacist's Iriend, and I see no reason why we cannot be both."

He says a balance between own-label and conventional brands needs to be struck. "In my experience, the only definitive way of counteracting own-

label is to have superior products. If you produce the best that consumers can buy, products at the lower price scale become irrelevant. But own-labels have a place in the market."

SB's commitment to pharmacies, comments Mr Moran, is stronger than ever. It launched Solpaflex and Panadol Night for pharmacists. And its sales force was restructured to help pharmacies. "We've received excellent responses from pharmacies about our new sales force. Our competitors are asking us how we've done it and done it so quickly. And they're using our

sales force as a benchmark to gauge the success of their own sales forces."

SB, he adds, realises that pharmacies are losing trade to grocers and it is trying to redress the balance. "That move [losing trade to grocers] could be accelerated or slowed down, depending on whether the company emphasises GSL or P. A lot of our new products are P, which shows how much we want to help pharmacies," he says.

Moving away from products, SB is setting up a scheme to improve the retailing and 'people' skills of pharmacists and their staff. The company has spent \$500,000 on the scheme, which is still in its early stages.

Some factors bedevilling the trade, such as the move to abolish Resale Price Maintenance, are beyond SB's influence. Mr Moran says the Office of Fair Trading's decision to refer the case back to the courts was not unexpected, but it was still disappointing. "We believe the case for keeping RPM is still as strong today as it was 26 years ago. I believe it will be upheld and it's in the best interests of people and to community pharmacies that it is."

But what if RPM is abolished? "We've strong brands and we will survive. The big impact will be on community pharmacists and the population. And it will be a negative impact."

Looking to science

As for the future of SB Consumer Ilealthcare, Mr Moran says the company's structure is more or less complete, with the recent acquisition of Sterling Healthcare. He will do only some "fine tuning".

He has more radical plans for SB's staff. As with the company's pharmacy sales force, the general staff should receive a better grounding in science so that they can appreciate its OTC interests more. "We could have more science graduates and we plan to move people back and forth between our consumer and pharmacy operations. That way, they can understand the science behind our categories."

On a global scale, SB has decided to link closely its consumer and pharmacy operations, which report back to Jean-Pierre Garnier, president and chief operating officer of Smithkline Beecham Pharmaceuticals and Consumer Healthcare. Mr Moran says this collaboration will sharpen the company's competitive edge.

"Generally, consumer and pharmacy operations don't normally work together. We're different and there's major synergies to be had from working together."

Lemsip's 12 Weeks of Christmas – Week 6

in the sixth week of the Lemsip Countdown to Christmas campaign, you'll be in the fast lane – compliments of Reckitt & Colman, the makers of Lemsip. One lucky pharmacist will have the chance to win a day out at Brands Hatch to experience all the thrills of this famous motor racing circuit.

During the winter, your pharmacy will be visited by many customers. So why not recommend Lemsip Power+, a product that last season out-performed even Reckitt & Colman's expectations within a few months of its launch.

Lemsip Power+ is the premium product in the Lemsip portfolio and is being supported in the 1996/7 season by a nationwide TV advertisement campaign, breaking on November 6. The visually stunning 30-second execution is entitled 'The History of the 20th Century' and features man's obsession with the pursuit of speed.

The ad features a montage of visuals that depict speed – epic events which have taken place in the last 96 years, along with interventions and breakthroughs in history, before we see a man sitting in a modern armchair drinking a mug of Lemsip Power+. The extensive advertising campaign has been timed to give sales a boost over the winter period, when consumer demand increases.



To win a day-trip to Brands Hatch, simply answer the following question:

In what year was Lemsip Power+ launched? (Lemsip Power+ is a unique formulation of Ibuprofen Ph.Eur and Pseudoephedrine HCI BP in a hot drink.)

a) Dec 1994 b) Oct 1995 c) Jan 1996

Send your answer on a postcard to: Lemsip/Chemist & Druggist Competition, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW by November 30.

See you next week. Watch this space! Lemsip Power+ is manufactured by Reckitt & Colman Products at Dansom Lane, Hull HU8 7DS from whom further information is available on request. Lemsip is a trademark.

Rules

1 The competition is open to pharmacists only, 2 Only one entry per persón written on a postcard will be accepted. 3 The competition is not open to employees of Reckutt & Colman, Miller Freeman or their agencies or relatives 4 Entries received after November 30, 1996, will not be eligible 5 The first correct entry drawn at random after the closing date will be awarded the prize as stated, 6 The judges' decision is final and no correspondence will be entered into. 7 Reckitt & Colman reserves the right to use any submissions for future publicity. 8 No cash alternative will be offered. NB Entries will be drawn after two weeks – any late entries will not be eligible.

'Home alone' assistants

Two unqualified assistants dispensed over 200 prescriptions while their pharmacist manager was on holiday in New Zealand, a disciplinary hearing was told last month.

"We knew we were doing something wrong, but we didn't realise we were breaking the law. We wanted to keep the shop open, because we didn't want to get fired," assistant Karen Radd told the Royal Pharmaceutical Society's Statutory Committee.

Pharmacist Wai Man Yong of 14 Corby hall, Ashbrooke crescent, Sunderland, was fined \$3,000 by Newcastle Magistrates Court on July 16 this year, after admitting illegally supplying drugs not on the General Sales List.

Alison Hopkins, a senior Society inspector, told the Committee she went to the shop, trading as Saxon Chemists in Heaton, Newcastle, on April 12 last year, after receiving allegations that the pharmacist had not been present for two days.

She was sold the antihistamine

Triludan, and when she asked to see the pharmacist was told he was in New Zealand.

She was shown a letter sent by a locum pharmacist explaining he was unable to run the shop while Mr Yong was away because he had suffered injury in a road traffic accident. The assistants said there was nobody they could contact and they had been left no instructions.

Mrs Hopkins collated 253 prescriptions that had been dispensed in Mr Yong's absence.

During an interview on his return, Mr Yong told inspectors that he was aware that the first locum he hired had had to back out before he went away and so had enlisted the services of a second locum, Ian Hodgson, to take over.

However, Mr Hodgson of Grangetown, Newcastle, said that he had understood the cover had been required for two weeks in August, not April.

In cross-examination, he conceded that there could have been a communication problem and that he did not believe Mr Yong would have gone away, leaving his two assistants to fend for themselves

Mr Yong said confusion may have arisen because he had asked Mr Hodgson to be the locum for two periods – one in April and the other in August.

"If I had known that he was unsure of the date, I would not have gone on holiday," said Mr Yong

He said he did not know the shop had been left without cover until his wife told him upon his return from New Zealand. In cross-examination he said that he always kept a list of telephone numbers in the shop for if there were any problems.

Striking his name off the Register, Committee chairman Gary Flather QC said that the case should send a "chilling message".

"To think that unqualified staff, in the absence of a pharmacist – too frightened to confer with anyone about their dilemma – carried on ... it is a horrendous picture," he said.

Veteran pharmacist leaves unqualified staff in charge

A pharmacist, who frequently left an unqualified assistant and a schoolgirl in charge of his Kirkcudbright pharmacy, has been reprimanded by the Royal Pharmaceutical Society's Statutory Committee.

James Lee McCrindle, 68, of Ringford, Castle Douglas, had already admitted four charges of allowing the sale of pharmacy medicines in the absence of a pharmacist before Kirkcudbright Sheriff Court.

On February 15 this year, sentencing was postponed until February next year. The court will take into account the Statutory Committee's decision when it passes sentence.

Offences took place at one of Mr McCrindle's pharmacies in St Mary Street, Kirkcudbright. He owns another in King Street, Castle Douglas – which is not connected to the charges.

Matthew Firth, representing the Society, said senior inspector Alison Hopkins was tipped off that a pharmacist was not always present to supervise the St Mary Street premises. She and another inspector alternately visited the shop on three days in July last year. On four occasions, they were supplied with medicines that should only be given out under a pharmacist's supervision.

Mr Firth said the case revolved around Mr McCrindle's "frequent absences and lack of control" at the St Mary Street premises. However, Mr McCrindle said his absences arose because he would visit the Castle Douglas shop every morning to pick up prescriptions and goods required for the day's business.

Mr McCrindle told the Committee: "I regret very much the infringements which prompted this enquiry, infringements that I acknowledge and accept full responsibility for, but I would like the Committee to believe me when I say they were not committed wilfully or deliberately, but were circumstantial."

His professional and personal integrity had been irretrievably damaged by reports of the court hearing in local papers, he said.

Committee chairman Gary Flather QC said Mr McCrindle should be ashamed. "However, we feel the lesson, and it's been a harsh one to somebody of your status, has been learned."

Restorations

• A West Yorkshire pharmacist, who was struck off in 1993 after being convicted of supplying drugs to addicts, has successfully applied to be restored to the Royal Pharmaceutical Society's Pagister

Harjit Singh Matharu, 44, of Leeds, had pleaded guilty to 24 charges of supplying Controlled Drugs and was given a two-year jail sentence, suspended for two years, by Leeds Crown Court in September, 1991.

Chairman Gary Flather QC said the Society's Statutory Committee had taken all the circumstances into consideration, including the length of time Mr Matharu has been barred from practice.

 A Swansea pharmacist, who succumbed to heroin addiction to combat the pressures of managing a busy pharmacy while completing a doctorate, was allowed back into practice last month.

Dr Dafydd Williams, 32, of Swansea, received a nine-month prison sentence, suspended for one year, in July, 1994, after pleading guilty to three counts of unlawfully possessing heroin, three counts of theft and two counts of failing to comply with the Misuse of Drugs Act.

Dr Williams handed over glowing testimonials, including the results of urine tests to prove that he had not taken drugs recently.

Gehe puts in £650.6m cash bid for Lloyds Chemists

Gehe this week re-entered the fray for Lloyds Chemists, with a cash offer of \$650.6 million, comprising 500p for each Lloyds' ordinary share and 322.6p for each preference share.

The offer matches Gehe's final offer in February, although it has claimed that Lloyds' value has fallen since then. The German company says the offer provides Lloyds' shareholders with "certainty of value", a reference to Unichem's cash and share offer which, Gehe says, is vulnerable to the performance of its shares. Unichem's offer, when it was announced a few weeks ago, valued Lloyds at \$657.6m. At the time C&D went to press, the British company's offer was worth 500.6p a share, or \$651.3m.

Jeff Harris, Unichem's chief executive, has reportedly not ruled out pitching a higher offer.

Gehe claims its recent divestments – it sold Azupharma, its generic pharmaceutical manufacturer, to Sandoz for about \$500m – has made it financially strong. That means it would not be under pressure to realise short-term synergies from the acquisition.

But Unichem, says Gehe, would face that pressure if its bid succeeds, as it aims to increase its earnings substantially in 1998. As a result, it may fail to maximise its ultimate benefits.

Gehe's gearing, if its bid was successful, would be about 100 per cent. It claims Unichem's proforma gearing would be 362 per cent (based on its financial position on June 30).

Dieter Kämmerer, Gehe's chairman, has urged Lloyds' shareholders to back his bid. "I believe our renewed offer of 500p per share in cash is notably generous given the deterioration in Lloyds Chemists' performance in the last financial year. Our offer reflects, however, our evaluation of the strategic benefits and synergies arising from an acquisition of Lloyds."

While press speculation has



Dieter Kämmerer, Gehe's chairman

chem would divest some of Lloyds' non-pharmaceutical interests, the German wholesaler says it will review the viability of these businesses if its bid succeeds.

As *C&D* went to press, Unichem was locked in negotiations with its financial advisers over its next move.

Lloyds refuses to comment until both bidders have announced their final offers.

Better system for national insurance inspections hoped for

Pharmacies may soon be able to arrange more convenient appointments with national insurance inspectors, following pressure from the National Pharmaceutical Association.

The NPA is arranging a series of meetings with the Contributions Agency, which oversees the national insurance system, to discuss a more flexible appointment system.

At the moment, inspectors arrange to see pharmacists, and other small businesses, during office working hours. The system's inconvenience was stressed by Valda Elson, the NPA's head of personnel, at a speech she gave at the Agency's recent annual conference in Newcastle.

She also suggested that the Agency's customer education managers should visit new businesses at least six months before an official inspection. Employers would then have a clearer idea of what the inspection entailed and would know how to prepare themselves

The Contributions Agency later assured Ms Elson that customer education managers operate independently from the inspectors and do not tell them about any breaches of regulations.

Following another suggestion by Ms Elson, the Agency is considering whether to set up a telephone hotline, which would enable employers to check the validity of prospective employees' national insurance numbers, but Ms Elson says the scheme is unlikely to be introduced before next April.

If it is eventually established, she says, employers must use it tactfully. "Employers must then ensure they check everyone, not only Asians and black people, otherwise they could be accused of discrimination," she says.

The Home Office will be issuing advice to employers on the Asylum and Immigration Act, including help on how to ensure their checks are not considered racial discrimination.

Meanwhile, the Contributions Agency has collaborated with the Inland Revenue to reduce and simplify many of the forms and much of the information sent to employers. It is also piloting an automated telephone service that enables employers to check that employees' national insurance deductions are correct.

This service is available to pharmacists by telephoning 0345

Wellcome products enter GW agency scheme

Glaxo Wellcome is integrating Wellcome products into its agency scheme following a review of its operation.

Wellcome's zero discounted products are not included in the scheme. Ten per cent of the company's products are ZD, whereas only 1 per cent of GW's portfolio is not discounted.

In a letter sent out to pharmacists last week, GW said: "To minimise any disruption to our customers, the current discount thresholds, which have been in place since October 1, 1995, will remain unchanged. This will increase the amount of discount Glaxo Wellcome will be paying at your top marginal rate. In addition, we have been in discussion with our agents to ensure that where possible, their thresholds on non-Glaxo Wellcome products will be adjusted to fully reflect the integration.'

GW says pharmacists should enjoy greater discounts through the scheme because they will be buying 10 per cent more through it than before.

Annual sales of Wellcome products now included in the agency scheme are estimated at

\$30 million. Glaxo's share of the ethical market has fallen from 15 per cent before the scheme was introduced about four years ago to 13.5 per cent. The addition of Wellcome products boosts the company's share back to about 15 per cent.

The British Association of Pharmaceutical Wholesalers says the integration of Wellcome products was a GW initiative and did not involve the BAPW or the joint working party. "The discounts that pharmacists will now receive on Glaxo Wellcome products are a matter between them and Glaxo Wellcome," it says.

The BAPW says progress has been made on a number of issues, including an agreement on fees for ZD products and on changing the way the management fee is calculated.

The working party, it adds, will

continue to try to improve the agency scheme.

Meanwhile, GW has told wholesalers they can fit in their stock reconciliation to suit their needs. Under GW's previous system, the wholesalers had to undertake their stock reconciliation every month.

Last week, GW began a pilot of weekly deliveries to wholesalers and says it will be liaising with them to monitor the pilot's progress

Unichem says pharmacists have not commented about the changes. Dr Phil Thomas, Unichem's general manager, has been liaising with GW over the scheme. "Unichem has been working with Glaxo to make the changes as seamless as possible and, judging by the reaction so far [from pharmacists], the integration has been seamless."

Glaxo Wellcome's discount thresholds

Trongonio o areceam um comerce	
e monthly purchases	Discou
£	%
0-925	2.5
925-3,780	8.5
3,780-7,020	9.5
7.020-8.250	10.5

Theft leaves bad smell

Pharmacies in the Midlands have been warned about security after 25,000 of perfumes and aftershaves were stolen from Lloyds Health and Beauty in Bridgnorth.

Medeva court win

Medeva has won its High Court battle to protect Hepagene, its hepatitis B treatment, from a copycat challenger. The House of Lords upheld the Court of Appeal's decision that Biogen's patent No 0182442 was invalid in the UK.

Edinburgh Crescent

Crescent, a shopfitter approved by the National Pharmaceutical Association, has opened an office in Edinburgh. For details call the company on 01376 515556.

Oxford Biomedica's £5m

Oxford Biomedica, the UK-based gene therapy specialist, aims to raise £5 million before expenses by floating on the Alternative Investment Market in early December.

Biotech shares dip

British Biotech's share price fell 21.5p to 207.5p early this week because investors were unimpressed with the company's latest trials on Marimastat, its cancer treatment.

Astra earnings rise

Astra's earnings before tax rose 8 per cent to SEK9,850 million on a turnover of SEK28,137m for the nine months to September. Astra's top brand, Losec, saw its sales grow 12 per cent to SEK12,735m. The brand's worldwide sales are estimated at SEK17,775m.

CPP weekend

The College of Pharmacy Practice is holding a weekend seminar on November 23 and 24 at Ullesthorpe Hotel and Golf Club, Ullesthorpe, Leicestershire.

The event is open to both members and non-members.

The weekend will introduce the new CPP modular examinations and will include examples of the type of modules to be included.

Guest speakers Naaz Coker and Professor Gareth Beevers will talk on 'New opportunities and models for pharmacists' and 'Hypertension' respectively.

The cost of the weekend is \$110 for members and \$130 for non-members. There is a daily rate of \$35 for members and \$45 for non-members. For more details, telephone the CPP on 01203 692400.

Numark management courses

Numark has linked up with Smithkline Beecham and Latham, Crossley & Davies, a chartered accountancy firm, to offer management training programmes for pharmacists.

The programmes are part of a series of new projects that Numark announced at last weekend's shareholder day held in Birmingham.

SB is said to have invested tens of thousands of pounds in the Numark/Smithkline Beecham Consumer Healthcare management training programme, whose details are expected to be finalised by the end of the month.

The scheme, due to begin next year, will be run by a specialist agency appointed by Numark.

Pharmacists will be charged \$800-\$2,000, depending on their requirements, although Numark says the Government will probably subsidise the higher fee. Terry Norris, Numark's managing director, says that if the Government refuses, it will still go ahead with the scheme.

Pharmacists can opt to do the course at John Moores University School of Pharmacy, where they will receive a postgraduate certificate, or they can do a correspondence/residential course to earn a National Vocational Qualification in management, level 4/5.

The Numark/Latham, Crossley & Davies strategy day programme is designed to tie-in with the postgraduate course. Its first stage is a strategy day, priced at \$295, where pharmacists will devise a business plan with LCD's partners.

Those who want to go further will pay \$3,500-\$6,500 for a programme that is tailored to suit their individual needs.

While Numark does not have any targets for the schemes, Mr Norris says he will be delighted if they can sign on at least 150 pharmacists by the end of the year.

He says that they should not be deterred by the programmes' prices. "These are worthwhile investments, like your fixtures and fittings, and stock. They should be measured against the

returns that you get from investments in your business," he says.

He stresses that Numark and its programme organisers do not intend to make profits from the schemes

Meanwhile, Numark will be offering its members 40-50 products whose prices match those of High Street multiples. Its current list includes baby care items, such as Pampers, and feminine hygiene brands.

David Wood, Numark's marketing director, says the low-priced products are fundamental pharmacy items and are designed to raise the profile of independent pharmacies. They will also persuade consumers, he adds, that pharmacies can offer competitively-priced goods.

On the NHS front, Numark has set up a joint 'branded ethical equalisation programme', which allows its members to dispense the brand against open scripts, such as Numark Tenormin against atenolol. Numark will appoint an NHS business manager soon to develop this area.

Members have also been offered a choice of four store formats: healthcare, health and beauty, essential and neighbourhood. Numark says the formats will help it to establish group identity nationwide.

Numark has 950 members and has a target of 965 for the end of the year.



Terry Norris, Numark's md

COMING EVENTS

MONDAY, NOVEMBER 11 Swindon & District F

Swindon & District Branch, RPSGB

Trip to Bath University – minibus to leave Wyvern Theatre Car Park (Swindon) at 6.45pm. Numbers are limited. Contact Keith Dangerfield on 01793 76220.

Harrow & Hillingdon Branch and Slough Branch RPSGB

'Osteoporosis' at the Postgraduate Centre, Hillingdon Hospital, Pield Heath Road, Hillingdon, 7.30 for 8.10pm.

North Metropolitan Branch, RPSGB

'Generic inhaled products – are they equivalent to the innovator products?' by Professor H Chrystyn, University of Bradford at the School of Pharmacy, Brunswick Square, London WC1, 8.00pm.

TUESDAY, NOVEMBER 12

Leicestershire Branch, RPSGB 'Pharmacy in a New Age' – an update from the BPC by Michael Burden, pharmacy consultant. Clinical Education Centre, Leicester Royal Infirmary, 7.30 for 8.00pm.

Hertford and District Branch, RPSGB

Visit to police headquarters, Welwyn Garden City, 7.30pm. (Restricted to 30 members).

South Lincolnshire Branch, RPSGB

'What a wally!' by Andrew Burr (Council member) at the Lincolnshire Oak Hotel, East Road, Sleaford, 7.30 for 8.00pm.

WEDNESDAY, NOVEMBER 13

Scottish Department, RPSGB 36 York Place, Edinburgh, 7.45pm. 'The MacMorran lecture – multiple sclerosis – what's new?' by Dr Colin Mumford, consultant neurologist.

West Metropolitan Branch, RPSGB, with the NPA

'The menopause, HRT and osteoporosis' at the Royal Brompton National Heart & Lung Hospital, Sydney Street, London SW3, 6.30 for 7.30pm.

THURSDAY, NOVEMBER 14

South Staffordshire Branch, RPSGB

'Epilepsy, where now?' The Swan

Hotel, Lichfield, 7.30 for 8.00pm. Sponsored by Glaxo Wellcome. Glasgow & West of Scotland

Branch, RPSGB, with the Guild of Hospital Pharmacists 'Stroke, treatment and management' by Dr Kennedy Lees, consultant, Western Infirmary, Glasgow. John Anderson Building, K325, University of Strathelyde.

Lanarkshire Branch, RPSGB 'Listeria in cheese' by Dr Syed Ahmed, consultant in public

health medicine, Lanarkshire Health Board. Old Mill Hotel, Motherwell, 8.00pm.

ADVANCE INFORMATION

Numark shareholders are being invited to special training evenings held around the country until November 20, organised by Johnson & Johnson MSD. Details from Betty Kelly, tel: 01827 69269.

Avon Local Pharmaceutical Committee is holding a time management workshop with Lilly on November 11, at the President's Suite, Gloucestershire County Cricket Club, Nevil Road, Bristol, 7.30pm to 10.00pm.

Appointments £25 P.S.C.C. + VAT minimum 3x1 General Classified £23 P.S.C.C. + VAT minimum 3x2 Box Numbers £12.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date All cancellations must be in writing. Contact James Whitston or Claire Wilkins Chemist and Druggist (Classified),

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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the **Publishers** and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.	
PLEASE COMPLETE IN BLOCK CAPITALS	
Surname	
First names	
Address	
Personal RPSGB-Registration number	
Telephone Number	
Proposed advertisement copy (maximum 30 words)	

BOUTpeople

Pharmacist's lesson in economics

A pharmacist has won first prize in a competition organised by the Adam Smith Institute.

David Mills, a relief pharmacist for Boots from Broughty Ferry, Tayside, was presented with a prize of \$1,500 for writing about ways in which the NHS prescription process could be changed.

The Institute's annual 'Economy in Government' competition invites members of the public to put forward ideas on how it can function more efficiently.

Mr Mills submitted a 1,500 word precis and then a business plan for the final. The basis of his four-part proposal was to:

- make the \$5.50 prescription fee a maximum and allow the pharmacist to treat NHS prescriptions as private if the product can be sold more cheaply than the \$5.50;
- increase generic prescribing, potentially saving \$350 million;
- introduce a triple-copy prescription, which could be redeemed in one go or on a 30-, 60or 90-day basis, to reduce the amount of unused medicine;

APPOINTMENTS

The Young Pharmacists' Group has elected the following to the new executive committee: Jahn Dad Khan, chairman; Phil Kirkpatrick, treasurer; Mike Achiampong, secretary; Sultan Dajani, public relations officer; and Fiona Daly, regional officer for the Midlands.

Wholesaler Mawdsley-Brooks has appointed **Tony Gentle** as retail development consultant, with responsibility for developing OTC services.

Christopher Hobbs has joined Fuji Photo Film (UK) as divisional manager for the consumer photographic division.

Gwent Health Authority has appointed **John Thomas** as acting chief executive. **Andrew Wilkinson** is the new deputy chairman. **Joel Hirst** has started a 12-month appointment as community pharmacist adviser for the HA.

Beatson Clark has made Clive **Broadbent** its business development manager.

Kath Brameld has been appointed senior supply chain consultant at Manugistics UK.



Mr Mills received his prize, sponsored by Ernst & Young and the Express, from Lord Parkinson of Carnforth (left)

• have a nominal charge, eg \$0.40, for all prescriptions.

He received advice on figures from the Pharmaceutical Services Negotiating Committee and Boots. In all, he estimated that annual savings of \$500m could be made. This had to stand up to the scrutiny of the judges, includ-

ing members of the Adam Smith Institute and representatives from Ernst & Young, one of the co-sponsors.

As to why he won, he thinks the judges were impressed that it was a community pharmacist working "at the coal-face" who made the submission

Exchanging lab coat for painter's smock



Pastel and watercolour scenes of Bridgnorth by pharmacist turned painter Joan Barnett of Sedgley, Worcestershire, have been exhibited in the town's library.

This was Mrs Barnett's fifth exhibition in Bridgnorth. She turned in her lab coat for a fulltime career as a painter seven years ago. Most of her work is landscapes, but she also paints townscapes and flowers.

Her ambition is to continue painting, holding exhibitions and selling her artwork.

Asked why she left pharmacy, she says simply, "I'm happier painting."

Golf course beckons for C&D adman

Chemist & Druggist bade farewell to one of its longest-serving members last week. Doug Mytton, assistant advertising manager, has retired after 15 years with the magazine.

At a reception to mark the event, *C&D*'s publisher, Ron Salmon, said Doug had become a friend of many in the industry, with an unrivalled number of contacts.

He also drew attention to the advertising man's formidable record on the pharmaceutical golfing circuit.

C&D's advertising manager, Julian de Bruxelles, said his assistant's experience would be missed by his younger colleagues on the sales team, and wished him well in his retirement. Doug was presented with a golf bag, a chipper and other golfing essentials (golf balls and champagne for the 19th hole).

His career in advertising sales started in 1947 on the Farmer and Stockbreeder magazine. After a stint of national service in



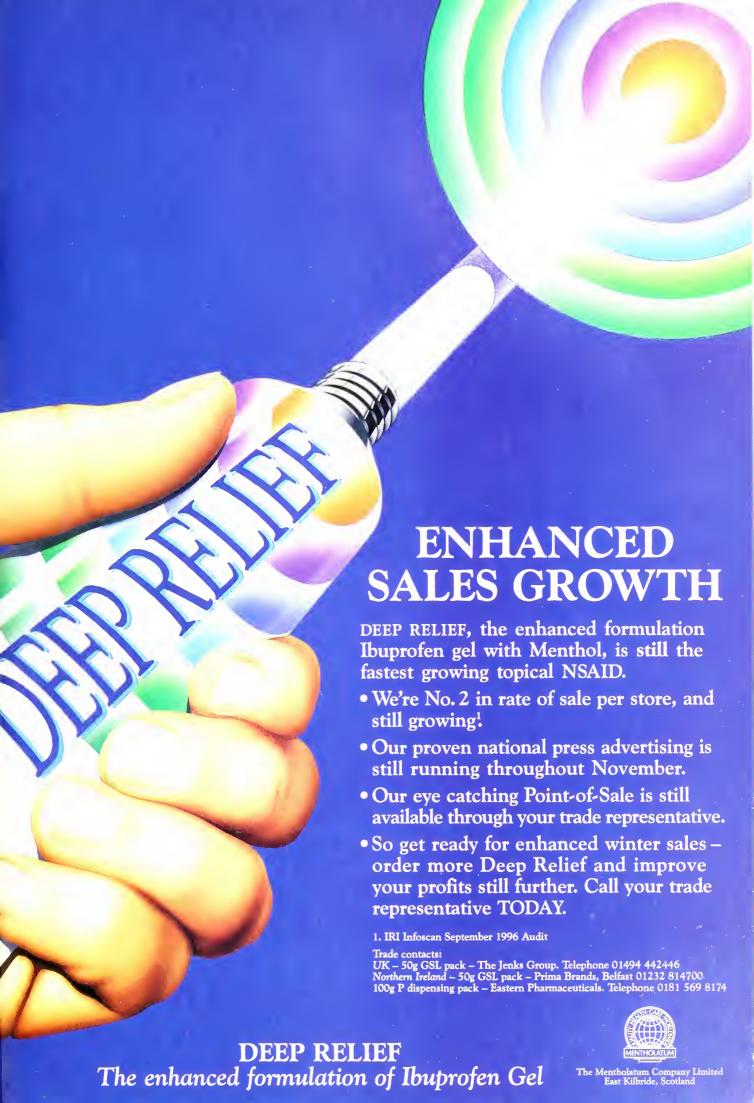
Bidding Doug Mytton (second left) a fond farewell are (left to right): Miller Freeman's pharmaceutical group sales director, lan Gerrard; publishing director, Roger Murphy; and C&D's advertisement manager, Julian de Bruxelles

the RAF, he tried his hand at a variety of jobs, including public relations and landscape gardening, before moving to New Zealand, where he spent four years with the New Zealand Herald newspaper.

Returning to the UK, he joined a small publisher in Edenbridge,

Kent, which was taken over by Benn Publications. He was invited to join C&D, then based in New Street Square, just off Fleet Street, London, in 1981, and remained with the magazine when it moved to Tonbridge, Kent, and became part of Miller Freeman Professional.

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